

SPECIAL PAYMENT REQUEST

Name: _____ Client Number: _____

Date: _____ Payment Amount: _____

Special Instructions: **PLEASE PRINT**

Please use this form for special payment requests only. When your monthly payment is greater than or less than your normal scheduled payment amount, please indicate how your payment is to be disbursed. Any payment received without instruction will be distributed equally to all creditors in your Debt Management Program.

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