



A real solution

National Headquarters
6213 North Cloverdale Road, Suite 100 Boise, Idaho 83713
Tel: 208.378.0200 • Fax: 208.378.8565
www.DebtReductionServices.org

Facilitator Registration Form of Debt Reduction Services Inc (DRS)

PLEASE TYPE or PRINT NEATLY

Form must be signed regardless of fee collection method

FAX TO (208) 378-8565 (no cover sheet required)

Organization Name: _____ Law Firm (y/n)? _____

Mail Address: _____
Number & Street Suite City State Zip

Phone: (____) _____ Fax (required): (____) _____

Administrative Email: _____

Name of Primary Facilitator: _____ Title: _____

Billing Address (if Difference): _____
Number & Street Suite City State Zip

To ensure we have sufficient capacity, how many clients are you likely to refer for services each month, on average? _____

Do you wish to participate in a training webinar to learn how to use our program (recommended)?
Yes No

How did you learn about the Institute? _____

Fee Collection Method: *Please note: We are not charging Facilitators for services rendered to Clients. Facilitators are third parties that wish to help Clients sign up for services with DRS. In order to smooth the process for Clients, by signing below Facilitator agrees to collect DRS's fee for services from the Client and hold those fees in trust (or escrow) until they are collected by DRS. Facilitator also agrees not to charge the Client additional fees related to the DRS's services. Facilitator has indicated below how DRS should collect those Client fees held in trust or escrow from Facilitator. Debt Reduction Services provides services to clients without regard to the ability to pay. If a Facilitator believes that a Client is unable to pay for DRS's services, call DRS at (208) 378-0200 for instructions before signing the Client up for services.*

Indicate Monthly Fee Collection Method:

ACH/EFT from Checking* Mailed Invoice Emailed Invoice

*No Savings Accounts, Please

For ACH/EFT, Name as it appears on account: _____

Account Number: _____

Routing # (ACH/EFT only): _____

Address Verification (address on account, required by Financial Institution for ACH/EFT):

Number & Street Suite City State Zip

By signing below, I authorize the DRS to collect fees from me using the method identified above on a monthly basis, in an amount to be determined based on the number and type of services that I have signed Clients up for during the relevant billing period. DRS will send a list of these services itemized by Client and type of service on a monthly basis, regardless of fee collection method.

Authorized Signature _____

Date _____

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