



Credit Union Delinquent Loan Placement Form

"Your Accounts Receivable Management Company"

MAIL OR FAX TO: **CCS Financial Systems, Inc.** Phone 717-652-8020 / 800-520-8827
 P.O. Box 60550 Fax 717-652-8845 / 800-520-5073
 Harrisburg, PA 17106

Date: _____

PLEASE ACCEPT THE FOLLOWING DELINQUENT LOAN FOR COLLECTION:

Debtor's Name _____

Address _____

City _____ State _____ Zip _____

Social Security No. _____ Date of Birth _____

Employer _____ Phone _____

Employer's Address _____

Home Phone _____ Cell Phone _____

Spouse _____ Spouse Cell Phone _____

Spouse's Employer _____ Phone _____

Spouse's Employer Address _____

Co-Signer _____ Phone _____

Address _____

Co-Signer Employer _____ Phone _____

Co-Signers Employer's Address _____

Relatives: Name _____ Relationship _____

 Address _____ Phone _____

 Name _____ Relationship _____

 Address _____ Phone _____

Account No. _____

Original Amt of Note _____

Date of Note _____

Date of Last Payment _____

Principle Owed _____

Interest to Date _____

Interest Daily Calculation _____

Any Collection Costs _____

Total to Collect _____

ADDITIONAL INFORMATION OR SPECIAL INSTRUCTIONS

IMPORTANT: PLEASE COMPLETE SECTION BELOW:

NAME OF FINANCIAL INSTITUTION _____ ADDRESS _____

PLACEMENT AUTHORIZED BY _____ TITLE _____ TEL NO. _____ PREFERRED CONTACT TIME _____