

PERSONAL DATA
For Internal Use Only

Client Name:	Tanieka Allison
SSN:	309-08-4888
Street Address:	7851 Bonita Court
City, State, Zip:	Indiannapolis, Indiana 46219
Home Phone:	317-366-4750
Fax Phone:	
Cell Phone:	
E-Mail Address:	taneika_allison@yahoo.com
Birth Date:	06/18/1987
Employer:	
Employer Address:	
City, State, Zip:	, ---
Work Phone:	

Spouse Name:	
SSN:	
Birthdate:	
Number of Dependents:	0
Spouses Employer:	
Employer Address:	
City, State, Zip:	, ---
Work Phone:	

Total Debt: \$0.00 Total Due Each Month: \$45.00

Reason For Seeking Debt Management

- None Specified

Student Loan
1 x \$260
EFT.
2

831 West Morse Blvd.
 Winter Park, FL 32789
 Toll Free – 800 820 9232 – Local 407 599 0057
 Fax – 407 599 5954
www.consumerdebt counselors.com



STUDENT LOAN CONSULTATION AGREEMENT

Estimated Loan Balance:	\$6,000.00
Enrollment Fee:	\$97.00 x 3

Client Name: Tanieka Allison
Social Security Number: 309-08-4888

Date: 01/21/2014

This Student Loan Consultation Agreement is entered into between Client and Consumer Debt Counselors (“CDC”) as of the date provided above. Client agrees to engage the professional services of CDC for consultation regarding Client’s student loan debt. Client will abide by the provisions of this Agreement, which are as follows:

1. Based on information to be provided by Client, CDC will use diligent efforts to provide a thorough analysis of Client’s student loan debt. This includes provision of: (a) a summary of the factors surrounding Client’s need for assistance, (b) an explanation of the student loan repayment process, and (c) an assessment of potential options to restructure Client’s student loan debt.
2. Client understands that CDC is not affiliated with the Department of Education or any governmental entity, and that the information, recommendations, and forms provided by CDC may be accessible to the public via a variety of sources. Client also understands that Client is responsible for any decision made on the basis of any information provided by CDC. CDC and its employees are not legal professionals and should not be relied upon for legal advice. Information provided by CDC is for informational purposes only. Clients should seek out advice from qualified legal professionals to fully understand and comply with applicable laws associated with student loan debt.
3. Client authorizes CDC, if CDC deems necessary, to:
 - (a) Obtain a copy of Client’s credit report in order to enable CDC to better assess Client’s financial situation. All information contained in the credit report will be considered confidential and used for legitimate business purposes under the Fair Credit Reporting Act; and
 - (b) Obtain a list of Client’s defaulted loans via www.myeddebt.com utilizing the required personal data information. This web site currently does not require use of, nor disclose, Client’s student loan Personal Identification Number (PIN). In the future, should such PIN become available on such web site, CDC will discontinue use of such web site in order to avoid access to such PIN.

Please Note: Consumer Debt Counselors will never ask for Client’s Personal Identification Number (PIN) for purposes of student loan consultation and/or services. Client should never give out Client’s PIN to CDC or to any person or entity.

4. Services to be provided by CDC to Client are: to analyze and advise with respect to any and all options to either cancel, forgive, defer, forbear, consolidate, or reduce payment size of, student loan debt, in accordance with options provided by the Department of Education or their individual lender. Provision of such services will include guidance as to forms that may be required by governmental agencies. Client agrees to make payments for fees payable to CDC for such services as agreed to by the client, as set forth in Exhibit A

1/24/2014

attached hereto including, but not limited to, the enrollment fee, any ancillary fees for additional services, and other fees that shall be associated with other services. No fee shall be asked prior to client being made aware of the cost and service related to such fee, and subsequently agreeing to such fee. Client agrees to make all fee payments by cashier's check, money order, or electronic funds transfer made out to "Consumer Debt Counselors Trust Account" or "CDC Trust Account". Client understands that CDC cannot and will not accept personal checks into the Trust Account.

5. Money Back Guarantee: CDC will offer a refund of all fees actually paid to CDC hereunder in the event that CDC in its sole discretion determines that Client is not eligible for CDC's services. If Client is deemed eligible to receive the benefit of CDC's services, then CDC shall be entitled all fees paid to CDC. The liability of CDC and its officers, owners, employees, agents and affiliates shall be limited to the amount of the fees paid by Client to CDC hereunder. The Money Back Guarantee is subject to the information Client provides to CDC. CDC makes no representation or warranty as to the services to be provided hereunder.

6. Other Provisions:

(a) Client understands that authorized governmental agency staff, accreditation agency or others with authority to monitor agency practices may review Client's file for quality assurance, compliance, and research purposes. If such a review should occur, Client understands that Client's identity will be kept confidential in any findings.

(b) Client hereby agrees to hold CDC, its employees, officers, directors, and agents harmless from any claim, suit, action or demand made by any of Client's creditors and any other person, which in any manner may arise from any action or inaction taken by CDC or Client's creditors, in connection with any services rendered by CDC for Client.

(c) The terms of Exhibits A and B attached hereto are incorporated into this Agreement by this reference.

(d) By signing herein below, Client acknowledges that Client has read, understands, and agrees to all of the terms and conditions of this Agreement (including Exhibits A and B). Both CDC and Client have received a copy of this Agreement. CDC and Client agree that there are no other agreements, promises or representations, unless executed in writing between CDC and Client other than those contained in this Agreement. If Client's student loan includes a co-debtor, the co-debtor shall provide signature below, indicating co-debtor's agreement with the terms and conditions hereof.

- Janeika L. Alesia

Client

Signature

Date:

Jan. 28th 2014

-

-

-

Co-Debtor Signature (if applicable)

Date:

EXHIBIT A
FEES DUE TO CDC

-

Consumer Debt Counselors

-

831 W. Morse Blvd.

Student Loan Fee Structure Winter Park, FL 32789

1.) Enrollment Fee
(based on balance)

One-Time Payment

or

3 Monthly Payments

\$0-\$7500

\$260

\$97

\$7501-\$15000

\$305

\$112

\$15001-\$30000

\$375

\$135

1/24/2014

\$30001-\$45000	\$465	\$165
\$45001-\$65000	\$515	\$182
\$65001-\$90000	\$595	\$209
\$90001-Up	\$670	\$234

2.) Ancillary Charges (if needed) One-Time Payment or 3 Monthly Payments

Cancellation	\$300	\$110.00
Forgiveness	\$300	\$110.00
Wage Garnishment	\$300	\$110.00
Tax/Salary Offset	\$300	\$110.00
Deferment/Forbearance (in lieu of enrollment fee)	\$200.00	\$77.00

3.) Optional Monthly Charges

Rehabilitation Surcharge	\$30 per month until rehabilitation is complete
Monthly Management and Annual Reminders	\$13 per month

-
-

Electronic Funds Transfer Form

Client Account Number: 4784996000261019

Estimated Student Loan Balance: 6,000 Enrollment Fee: \$97 X 3

Fee Schedule (choose one): ☒ One-time Payment: \$ 260.⁰⁰

Or

☐ 3 Monthly Payments: \$ _____

First Payment Date: 2/1/14 2/1/14 First Payment Amount: \$ 260.⁰⁰

Subsequent Monthly Payment Dates (if applicable): \$ _____ on _____ (Specify Day of Month)

Name On Account (Please Print): Taneika Allison

Address: 7851 Bonita Ct. Indianapolis IN 46219

1/24/2014

City: Indanpls State: IN Zip: 46219

Please Transfer Payments From My:

☒ Checking Account (Attach Voided Check)

☐ Savings Account (Attach a Savings Deposit Slip)

Routing Number: 0311-0116-9 Account Number: 47795791000326755

I authorize Consumer Debt Counselors, Inc. (CDC) to process debit entries from my bank account. This auth will remain in effect until I give reasonable notification to terminate this authorization or my debt is paid in full. I authorize CDC to change the monthly debit amount without advance notice to meet the required payments up to \$30.00 and; additionally authorize CDC to increase over \$30.00 upon written request. I understand there will be a \$25.00 automatically charged to my account for any insufficient funds (NSF) transactions. This \$25.00 is in addition to any fees my financial institution charges for insufficient funds. I have attached a voided check or savings deposit ticket.

Authorized Signature: Janeika L. Lullisa Date: 12/27/14

ES2329
CDC-7 Rev. 4/2002

EXHIBIT B
Additional Terms
To Student Loan Consultation Agreement

1. Consumer Debt Counselors, Inc. (CDC) provides information and advice to student loan borrowers. CDC is not a United States Government website or entity, or associated in any way with the William D. Ford Federal Direct Loan Program, the U.S. Department of Education or Federal Student Aid. If you (Client) have questions about your Direct Student Loans, please contact the Direct Loans Center at 800-848-0979. WE (CDC) ARE NOT A LENDER. We do not guarantee loan approval or acceptance into any loan program or specific terms or conditions with any lender.
2. Our service is affected in large part by the quality of information you (Client) provide to us (CDC), which information we cannot guarantee. In the event you are considered suitable to receive the benefits of our services, we reserve the right to hold all deposits made to us. The liability of Consumer Debt Counselors and its officers, owners, employees, agents and affiliates shall be limited to the amount of the Consult Fee paid by Client. Consumer Debt Counselors and its officers, owners, employees, agents and affiliates make no representations or warranties of any kind as to the services to be provided herein.
3. While CDC makes no representation regarding the length of time with respect to services to be rendered, Client should anticipate analysis of options, as well as receipt of a response from the governmental agency, to take at least 3 months.
4. CLIENT UNDERSTANDS THAT ANY OF THE EXTENDED REPAYMENT PLANS THAT MIGHT BE AVAILABLE TO CLIENT, MAY RESULT IN LONGER PAYMENT PERIODS AND ADDITIONAL ACCRUED INTEREST, THUS MAKING THE TOTAL COST OF THE LOAN HIGHER OVER THE LONG TERM. Client must carefully weigh the benefits of lower monthly payments with this potential of

1/24/2014

more money paid.

5. CLIENT UNDERSTANDS THAT MANY OF THE REPAYMENT/HARDSHIP PLANS THAT WE MAY SUGGEST MAY REQUIRE ANNUAL DOCUMENTATION (SUCH AS ANNUAL INCOME TAX FILINGS, ANNUAL REPORTS TO DOCUMENT EMPLOYMENT ELIGIBILITY FOR FORGIVNESS PROGRAMS, ETC.) TO BE TURNED IN TO OUR OFFICE IN A TIMELY MANNER. FAILURE BY THE CLIENT TO COMPLY WILL JEOPARDIZE ANY PLANS THAT HAVE BEEN ESTABLISHED AND MAY RESULT IN STUDENT LOAN PAYMENTS INCREASING. CDC SHALL NOT BE RESPONSIBLE IN ANY WAY FOR FAILURE OF CLIENT TO QUALIFY FOR ANY PARTICULAR REPAYMENT PLAN.

6. CDC and its employees are not tax or accounting professionals and should not be relied upon for tax or accounting advice. Information provided by CDC is for informational purposes only. Clients should seek out advice from qualified tax and accounting professionals to fully understand and comply with applicable tax and other laws associated with student loan debt. Any portion of student loan debt that is forgiven may be subject to taxation – check with your tax advisor.

Responsibility of Client to Provide Information in Timely Manner

I understand it is my responsibility to respond to any request for information from CDC in a timely manner. Consequently, I understand that my failure to respond in a timely manner, which shall include submitting the necessary forms, documents, and all other information that CDC requests from me, may result in the forfeiture of the Money Back Guarantee, meaning CDC shall be entitled to the full amount of any and all fees submitted to CDC for any Student Loan Services in return for the work that CDC has done on my behalf. Furthermore, I understand that if the information I provide to CDC is inaccurate or false in any way, thus resulting in a faulty or incomplete analysis of my student loan debt, this may result in the forfeiture of the Money Back Guarantee, meaning CDC shall be entitled to the full amount of any and all fees submitted to CDC for any Student Loan Services. Failure to respond to CDC's request for information, such as, but not limited to, general information, information regarding student loan status, signed documents, etc., in a timely manner may result in client's file being closed, with the Money Back Guarantee being forfeited, and client being subject to a new enrollment fee if client chooses to continue utilizing the Advisory service.

Monthly Membership

I understand and adhere to the following stipulations:

- 1.) It is my responsibility to ensure that my monthly payments to CDC are paid on time every month. CDC will not be held liable for the consequences of payments that are made late to any loan servicer(s) arising from my failure to deliver the payment to CDC in enough time for said payment to be made. Furthermore, I understand that failure to make consistent on time payments may result in the loss of any benefits that I may currently have with respects to my student loan payments or that I may potentially have in the future; and may also result in my student loan(s) becoming delinquent, defaulted, and possibly subject to all the collection efforts afforded to the federal government in regards to student loan debt.
- 2.) It is my responsibility to send CDC any and all correspondence that I receive from any entity in regards to any and all of my student loan debt(s), so as not to miss any renewal date or deadline for various programs. I understand that I am to respond to any requests for information from CDC in a timely manner so as to expedite any necessary annual renewals, updates, changes, etc. It is also my

1/24/2014

responsibility to fill out, complete, sign, and return any and all forms that are supplied to me by CDC so as to meet necessary deadlines for said renewals, updates, changes, etc. Failure to respond to CDC in any matter in a timely manner may result in the loss of any benefits that I may currently have with respects to my student loan payments or that I may potentially have in the future.

3.) It is my responsibility to report any and all significant life changes to CDC at the earliest opportunity after the change has taken place. Life changes can be, but are not limited to, changes in name, address and/or telephone number, employment or employer's address, family size, changes to income, etc. I understand that the failure to report these changes to CDC may result in the loss of any benefits that I may currently have with respects to my student loan payments or that I may potentially have in the future.

Postponement

I understand that, by electing to postpone any or my entire student loan payments, some or all of the interest on these loans may continue to accrue while payments have been temporarily halted. Furthermore, this accrued interest, if not paid during the period of postponement, may be capitalized and thus added into my principle balance. I also understand that some types of postponements, such as but not limited to Economic Hardship Deferments, have a maximum number of times that they can be utilized during the life of a loan and I must weigh the risk of prematurely exhausting these options versus contemplating other options that may require me to make monthly payments that may or may not be currently financially feasible for me.

Consolidation

Make sure you carefully consider whether loan consolidation is the best option for you. While loan consolidation can simplify loan repayment and lower your monthly payment, it also can significantly increase the total cost of repaying your loans. Consolidation offers lower monthly payments by giving you up to 30 years to repay your loans. But, if you increase the length of your repayment period, you'll also make more payments and pay more in interest than you would otherwise. In fact, in some situations, consolidations can substantially increase your total interest expense. If you don't need monthly payment relief, you should compare the cost of repaying your unconsolidated loans against the cost of repaying a consolidation loan.

You also should take into account the impact of losing any borrower benefits offered under repayment plans for the original loans. Borrower benefits from your original loan, which may include interest rate discounts, principal rebates, or some loan cancellation benefits, can significantly reduce the cost of repaying your loans. You may lose those benefits if you consolidate.

Cancellation/Forgiveness

I understand that any act or omission on my part may disqualify me from Cancellation and/or Forgiveness of all or part of one or more of my student loans, and that the same is solely my responsibility and will not be seen as an error or omission on the part of Consumer Debt Counselors. Such disqualifying acts may be, but are not limited to, failure to make timely payments on the student loan obligations, failure to disclose any changes to income or employment status, or leaving the employment of a qualifying profession. I also understand that Consumer Debt Counselors is not responsible for any late payments that I make to Consumer Debt Counselors that would result in CDC

paying any or all of my student loan obligations late. It is also understood that if I commit any disqualifying act at any point in the process of trying to procure Cancellation and/or Forgiveness of all or part of one or more of my student loans, which causes me not to meet the eligibility requirements for Cancellation and/or Forgiveness, I will be responsible for repaying the entire balance of my loan, including all accrued interest, as well as any other sums imposed by the lender.

CDC will not be obligated to pay back any portion of fees paid to CDC for the analysis, enrollment, oversight, or any other actions taken on my behalf by CDC to help me procure any Cancellation and/or Forgiveness in the event that I commit any disqualifying act.

Rehabilitation

I understand that if I miss any payment during the rehabilitation of any and all of my defaulted student loans, the rehabilitation plan will be canceled and I will have to apply for a new rehabilitation, which may or may not be granted. It is my responsibility to ensure that my rehabilitation payments are made to CDC on time each month, without delay, and CDC will not be held liable for the consequences of payments that are made late to any agency arising from my failure to deliver the payment to CDC in enough time for said payment to be made.

Wage Garnishment/Tax Offset Appeal

I understand that CDC offers no guarantees to the success of any appeal, hearing, injunction or any other action on my behalf to alter, cease, or in any way change any wage garnishment, tax offset, or other means of collection that is currently being enforced against me by the Department of Education and/or its affiliates. Furthermore, I understand that any attempt by CDC to assist to alter, cease, or change the abovementioned collection actions will more likely than not result in continued payments of some amount being required on my student loan(s). Any of the collection actions that are being used against me will not cease until any successful injunctive action has been properly approved by the Department of Education and/or its affiliates, and thus I should expect to continue to bear those collection activities throughout CDC's continued work and effort on my behalf.

1/24/2014