

# EE Overpay Placement

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**West Coast**

5805 Sepulveda Blvd.  
 Sherman Oaks, CA 91411  
 818-226-6000  
 866-501-1906 Fax  
 ca@caine-weiner.com

**Midwest**

1699 E. Woodfield Rd.  
 Schaumburg, IL 60173  
 847-407-2320  
 866-871-4967 Fax  
 il@caine-weiner.com

**Mid-South**

9931 Corporate Campus Dr.  
 Louisville, KY 40223  
 502-425-9100  
 866-708-9590 Fax  
 ky@caine-weiner.com

**Northeast**

338 Harris Hill Rd.  
 Buffalo, NY 14221  
 716-633-0235  
 866-269-6327 Fax  
 ny@caine-weiner.com

**Southwest**

12005 Ford Road  
 Dallas, TX 75234  
 972-248-6499  
 866-517-7313 Fax  
 tx@caine-weiner.com

Debtor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Debtor Contact: \_\_\_\_\_

Amount Assigned: \_\_\_\_\_  
 Date Last Employed: \_\_\_\_\_  
 Last Payroll Payment: \_\_\_\_\_  
 Creditor Reference#: \_\_\_\_\_  
 Email: \_\_\_\_\_

SS# (Consumer account only) \_\_\_\_\_

Date of Birth (Consumer Account only) \_\_\_\_\_

**\*\* Social Security and/or Date of Birth required for reporting to Credit Bureaus**

*We assign the above account exclusively to you for collection. As our agent, you are authorized to proceed at once to collect the account. In the event it becomes necessary to forward the claim to attorneys for legal action, we direct and authorize you, as our agent and as a convenience to us, to send the account to an attorney designated by you in the county of the debtor or, where none is so designated to an attorney whose name or firm appears in a law list publication approved by the American Bar Association, upon prevailing rates in the area, net to him. You or our attorneys are authorized to accept payments and to endorse checks, notes, money orders or drafts for extension. We further understand that if we authorize legal action, a suit fee or charge for legal services provided by the attorney will be made in addition to the regular collection fees. We also understand that withdrawal of this account, any payments, settlements, or return of merchandise received by us after the assigned date will be subject to regular fees. In the event the submitted debtor is a consumer vs. a business, we attest that the Social Security number or date of birth submitted has been validated with information received from the consumer and is necessary in order for Caine & Weiner to submit the claim to the credit reporting agencies.*

Creditor: \_\_\_\_\_  
 Client # if applicable: \_\_\_\_\_  
 Submitted By: \_\_\_\_\_  
 Date Submitted: \_\_\_\_\_

Creditor Telephone Number: \_\_\_\_\_  
 Creditor Fax number: \_\_\_\_\_  
 Creditor Email: \_\_\_\_\_

Creditor Address: \_\_\_\_\_  
 Creditor City/State/Zip: \_\_\_\_\_

**Other information available and attached:**

\_\_\_\_ Pay History                      \_\_\_\_ Bank Reference  
 \_\_\_\_ Tuition Agreement            \_\_\_\_ Bank Account Number  
 \_\_\_\_ Promissory Note                \_\_\_\_ Other

Overpay Reason: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_