

EE Overpay Placement

E-mail to joe.batie@caine-weiner.com

West Coast

21210 Erwin St.
 Woodland Hills, CA 91367
 818-226-6000
 866-501-1906 Fax
 ca@caine-weiner.com

Midwest

1699 E. Woodfield Rd.
 Schaumburg, IL 60173
 847-407-2320
 847-619-4765 Fax
 il@caine-weiner.com

Mid-South

9931 Corporate Campus Dr.
 Louisville, KY 40223
 502-425-9100
 502-426-9005 Fax
 ky@caine-weiner.com

Northeast

338 Harris Hill Rd.
 Buffalo, NY 14221
 716-633-0235
 716-633-5944 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: _____

