



Parson•Bishop Services, Inc.
Executive Offices: Parson•Bishop Building
7870 Camargo Road, Cincinnati, Ohio 45243
(513) 561-5560 • FAX (513) 527-8919
Email: ClientServices@parsonbishop.com

VALUE COLLECTION PLAN ACCOUNT ASSIGNMENT FORM

(Please use this form to submit new accounts for collection.)

Date Assigned _____ PB Client # _____

Client Name: _____ Contact _____

Address _____ City _____ State _____ Zip _____

The Value Plan offers you the opportunity to collect for a flat fee of \$16.50 (Phase I). All payments will be paid direct to you in Phase I so it is important to report all payments before the accounts move to Phase II. Please use the pink, #2 Payment Form to report direct payments both in Phase I and Phase II. **Minors** cannot be submitted for collection; please submit the parent/guardian. **Social Security number** is very important in terms of final recovery; please provide if available.

Primary Debtor Information

Debtor Name _____ Total Amount Due \$ _____

Address _____ Date of Service _____

City _____ State _____ Zip _____

Social Security # _____ / _____ / _____ Phone # w/ A/C _____ - _____ - _____

Employer Name _____ Emp. Phone # _____ - _____ - _____

(if available)

Brief Description of Debt _____

Co-Signer Information

Co-signer Name _____

Co-signer Address _____

Co-signer City _____ State _____ Zip _____ Co-signer phone _____ - _____ - _____

Co-signer Social Security # (if available) _____

Relationship to Primary Debtor _____

Special Information regarding co-signers: if there is a co-signer, usually the parent/guardian, it is very important to provide this information as the ultimate collection is the responsibility of either the brother/sister or their co-signer. PB staff will attempt collection from both parties so chances of collection are enhanced considerably. If you submit the co-signer information we must have a copy of the signed agreement with your fraternity or sorority (attach to the account assignment form).