



**Parson-Bishop Services, Inc**  
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## VALUE COLLECTION PLAN ACCOUNT ASSIGNMENT FORM

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

Date Assigned \_\_\_\_\_ PB Client # \_\_\_\_\_

Client Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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).