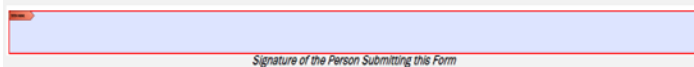


## Instructions for Completing the CCU New Creditor Request Form

1. Download and save the CCU New Creditor Request Form as a .pdf file.
2. Open the CCU New Creditor Request Form using Adobe Acrobat Reader or Adobe Acrobat Reader DC.
3. Complete all the required fields highlighted in **RED**. Detailed instructions for each field are included below.
4. Upon completion of the form, click the **red** tab, in the upper left corner of the “Signature of the Person Submitting this Form” field, to digitally sign the form. If you have not previously created a digital signature you must follow the prompt to do so.



5. Save the digitally signed form as a PDF.
6. Email the completed and digitally signed form to [ccu.information@maryland.gov](mailto:ccu.information@maryland.gov). Please provide any supporting legislation or policy as back up documentation for your request to refer debts to the CCU.
7. There is an estimated 4 week turnaround time for processing the CCU New Creditor Request Form. Someone from CCU will contact you within the next 30 days to advise of your next steps.

## Part 1 - Creditor Information

1. **State Agency/Agency Name \* (Required Field)**
  - Please enter the official name of your agency. This will become your Creditor name in the CCU system.
2. **Are you a new state agency? \* (Required Field)**
  - If you are a new state agency, select “Yes”.
  - If you are not a new state agency, select “No”.
3. **Has your agency previously referred delinquent debts to the CCU? \* (Required Field)**
  - If your agency has previously submitted debts to CCU, select “Yes” and complete Question 4.
  - If your agency has NOT previously submitted debts to CCU, select “No” and skip Question 4.
4. **If yes, what type of delinquent debt was previously referred?**
  - If you answered “Yes” to Question 3 above, please describe the type of delinquent debt that your agency previously referred to the CCU.
  - If you answered “No” to Question 3 above, please leave this field blank.
5. **Existing Creditor Shortname (if Applicable)**
  - If your agency has previously referred debts to the CCU and has an assigned Creditor Shortname in CCU’s Debt Collection Information System (DCIS), please enter the Creditor Shortname in this field.
6. **Creditor Name \* (Required Field)**
  - Please enter your CCU Creditor Name, if known, or your agency name in this field.
7. **Creditor Address \* (Required Field)**

- Please enter the full street address for your agency.
- 8. Creditor Phone Number \* (Required Field)**
- Please enter the telephone number used to reach your agency regarding delinquent debts submitted to CCU for collection.
- 9. Creditor Point of Contact (POC) \* (Required Field)**
- Please enter the name of the designated contact between your agency and the CCU.
  - This individual will also be responsible for identifying individuals from your agency who will require access to CCU.
- 10. Contact Email Address \* (Required Field)**
- Please provide the email address for the Creditor Point of Contact (POC) entered above.
- 11. Will you be referring interest bearing debts? \* (Required Field)**
- If your agency will refer interest bearing debts, select “Yes” and complete Question 12.
  - If your agency will NOT be referring interest bearing debts, select “No” and skip Question 12.
- 12. If yes, what is the interest rate for these debts?**
- If you answered “Yes” to Question 11 above, please provide the interest rate that CCU will use to collect interest on the referred delinquent debt. Enter the amount as n.nn%. For example, if the interest rate is 5 percent, enter 5% or 5.00%.
  - If you answered “No” to Question 11 above, please leave this field blank.
- 13. What type of debts will your agency be referring to CCU? \* (Required Field)**
- Please describe the type of delinquent debts that will be referred and be as specific and detailed as possible.
  - The CCU will review your description to determine whether this type of debt can be collected by the CCU based on existing legislation.
- 14. Please enter the estimated number of delinquent debt referrals your agency expects to submit to CCU each month. \* (Required Field)**
- Please estimate the volume of delinquent debts CCU can expect to receive from your agency each month.
  - Upon approval of your CCU New Creditor Request Form, CCU will provide additional instructions regarding the available methods for submission based on the anticipated volume.

## **Part 2 - Creditor Financial Information and Approval**

Please consult with your Fiscal Department to obtain the correct codes to enter for the following fields.

- 15. Appropriation Codes**
- **Budget Code \* (Required Field)**
    - 6 Digits
  - **Program Code \* (Required Field)**
    - 3 Digits
  - **Fund Code \* (Required Field)**
    - 2 Digits

- Source Code \* **(Required Field)**
  - 6 Digits
- 16. Fund Source (General, Federal, etc.) \* **(Required Field)**
- 17. R\*STARS
  - Agency Code \* **(Required Field)**
    - 3 Digits
- 8. PCA Code \* **(Required Field)**
  - 5 Digits
- 9. TC Code \* **(Required Field)**
  - 3 Digits
- 10. Comp/Agency Object \* **(Required Field)**
  - 8 Digits (example 1234/5678)

## **Signing and Submission**

11. Name of the Person Submitting This Form \* **(Required Field)**
  - Please enter the name of the person submitting the form for CCU review and approval.
12. Date of Signature \* **(Required Field)**
  - Please enter the date.
13. Signature of the Person Submitting this Form \* **(Required Field)**
  - Please digitally sign the completed form by clicking the **red** tab located in the upper left corner of the signature field. If you have not previously created a digital signature you must follow the prompt to do create a digital signature and affix it to this form.



Signature of the Person Submitting this Form



# CCU Creditor Request Form

Central Collection Unit  
300 W Preston Street  
Room 503  
Baltimore, MD 21201  
CCU.information@maryland.gov

## Creditor Information (Part 1 of 2)

All fields below must be completed to ensure proper processing of the request.

1. State Agency/Agency Name			
2. Are you a new state agency?	Yes ___ or No ___		
3. Has your agency previously referred delinquent debts to the CCU?	Yes ___ or No ___	4. If yes, what type of delinquent debt was previously referred?	
5. Existing Creditor Shortname (if Applicable)			
6. Creditor Name			
7. Creditor Address	Street: _____		
	City: _____		
	State: _____ ZIP Code: _____		
8. Creditor Phone Number			
9. Creditor Point of Contact (POC)			
10. Contact Email Address			
11. Will you be referring interest bearing debts?	Yes ___ or No ___	12. If yes, what is the interest rate for these debts?	
13. What type of debts will your agency be referring to CCU?			
14. Please enter the estimated number of delinquent debt referrals your agency expects to submit to CCU each month.			



# CCU Creditor Request Form

Central Collection Unit  
300 W Preston Street  
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Baltimore, MD 21201  
CCU.information@maryland.gov

## Creditor Financial Information and Approval (Part 2 of 2)

**IMPORTANT:** Before completing the fields below, please consult with your Fiscal Department to obtain the correct codes to enter. All of the fields below are **Required**. If this information is not completed correctly, your agency will not be able to submit delinquent debts to the CCU.

15. Appropriation Codes				
	Budget Code <i>(6 digits)</i>	Program Code <i>(3 digits)</i>	Fund Code <i>(2 digits)</i>	Source Code <i>(6 digits)</i>
16. Fund Source (General, Federal, etc.)				
17. R*STARS				
	Agency Code <i>(3 digits)</i>	PCA Code <i>(5 digits)</i>	TC Code <i>(3 digits)</i>	Comp/Agency Object <i>(8 digits)</i>

Name	<input type="text"/>	Date of Signature	<input type="text"/>
	<i>Typed / Printed Name of the Person Submitting This Form</i>		<i>MM/DD/YYYY</i>

Signature	<input type="text"/>
	<i>Signature of the Person Submitting this Form</i>

Completed form must be submitted to [ccu.information@maryland.gov](mailto:ccu.information@maryland.gov).