

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH)

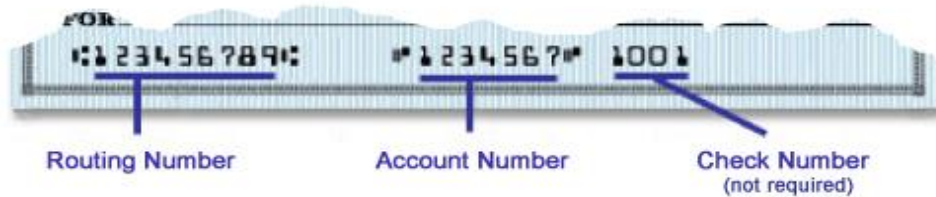
I (we) hereby authorize **STANDING CHAPTER 13 TRUSTEE**, hereinafter called **TRUSTEE**, to initiate monthly debit entries in the amount of the Chapter 13 Plan, Amended Plan or Modified Plan and, if necessary, to initiate credit and debit adjustment entries for any entries in error to my (our) account indicated at the depository named below, hereinafter called **DEPOSITORY**.

CHAPTER 13 CASE NUMBER _____

Beginning Date of Debit (month/year) _____ / _____

Date of Monthly Debit [select one] 5th _____ OR 20th _____

Bank/Credit Union Name _____



Routing Number _____ Account Number _____

Type of Account [select one]: Checking _____ OR Savings _____

Account Holder's Name(s): (Please print)

_____ Last 4 of Social Security Number _____

_____ Last 4 of Social Security Number _____

This authority is to remain in full force and in effect until the **TRUSTEE** has received written notification from me (us) of its termination in such time and in such a manner as to afford the **TRUSTEE** and **DEPOSITORY** a reasonable opportunity to act on the notification, or until my (our) Chapter 13 case is converted, dismissed, or completed.

Signed _____ Date _____

Signed _____ Date _____

Phone Number _____ Cell / Home / Work [circle one]

Email Address _____

ATTACH A BLANK, **PRE-PRINTED VOIDED** CHECK FOR A CHECKING ACCOUNT **OR**
A BLANK, **PRE-PRINTED VOIDED** DEPOSIT SLIP FOR A SAVINGS ACCOUNT.
TEMPORARY CHECKS OR DEPOSIT SLIPS **WILL NOT** BE ACCEPTED.

**THIS INFORMATION CANNOT BE FAXED OR EMAILED. ORIGINALS OF THIS FORM AND THE
VOIDED CHECK/DEPOSIT SLIP MUST BE SUBMITTED TO THE TRUSTEE'S OFFICE.**

Mail to: **STANDING CHAPTER 13 TRUSTEE
105 DECKER COURT, SUITE 1150
IRVING, TX 75062**