

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH)

Pam Bassel or Tim Truman

I (we) hereby authorize the **STANDING CHAPTER 13 TRUSTEE** ("TRUSTEE"), to initiate monthly debit entries in the monthly payment amount established by the Chapter 13 Plan, Amended Plan, Modified Plan, or as established pursuant to the provisions of the Standing Order Concerning All Chapter 13 Cases 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 ("DEPOSITORY").

CHAPTER 13 CASE NUMBER _____

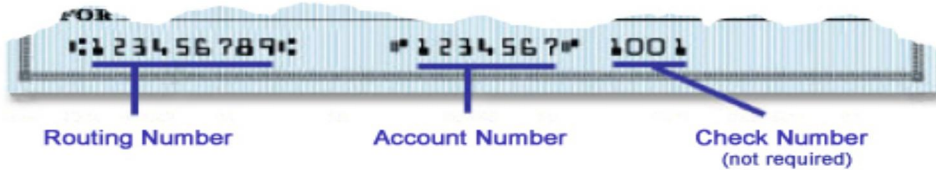
Beginning Date (month/year) _____ / _____

Date of Monthly Debit (the debit dates differ by Trustee office as noted below)

Pam Bassel, Trustee: [select one] 7th _____ OR 23rd _____

Tim Truman, Trustee: [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 remains in full force and in effect until (1) the **TRUSTEE** has received 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 it, (2) until my (our) Chapter 13 case is converted, dismissed, or completed, or (3) the **TRUSTEE** terminates the ACH due to returned/rejected payment(s). I (We) understand that if the ACH is temporarily or permanently terminated, I (we) remain responsible for making my (our) plan payment timely to the Trustee.

Signed _____ Date _____

Signed _____ Date _____

Email Address _____ Phone Number _____

Cell/Home/Work (circle one)

ATTACH A BLANK, PRE-PRINTED, VOIDED CHECK FOR A CHECKING ACCOUNT OR A SIGNED LETTER FROM YOUR BANK ON THE BANK'S LETTERHEAD OR A BLANK, PRE-PRINTED, VOIDED DEPOSIT SLIP FOR A SAVINGS ACCOUNT.
TEMPORARY CHECKS OR DEPOSIT SLIPS WILL NOT BE ACCEPTED.
ORIGINALS OF BOTH THIS FORM AND THE VOIDED CHECK/DEPOSIT SLIP MUST BE SUBMITTED. FAXES AND EMAILS WILL NOT BE ACCEPTED