

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS
(ACH DEBITS)**

(Last Revised 11/3/2011)

COMPANY NAME: Tim Truman
 Standing Chapter 13 Trustee
 6851 N.E. Loop 820, Suite 300
 North Richland Hills, TX 76180

I (we) hereby authorized **TIM TRUMAN, STANDING CHAPTER 13 TRUSTEE**, hereinafter called **COMPANY**, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) **checking** _____ or **savings account(s)** _____ [select one] indicated below at the depository named below, hereinafter called DEPOSITORY, to debit the same to such account:

Beginning OR no sooner than _____, 5th or 20th 20___. (Select ONE Date & Circle)
(Month)

CHAPTER 13 CASE NO. _____ **PLAN PAYMENT \$** _____

BANK/CREDIT UNION NAME _____

TRANSIT/ABA NO. _____ **ACCOUNT NO.** _____
(Routing No.)

This authority is to remain in full force and in effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. *

ACCOUNT HOLDER'S NAME(S)	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
_____	_____
_____	_____

Signed _____	Date _____
--------------	------------

Signed _____	Date _____
--------------	------------

Phone # _____

Circle one: Home/business/cell

For office use only: 341 Meeting / Dism Hrg / Modif / Legal Dept / Other
--

ATTACH A PRE-PRINTED BLANK, VOIDED CHECK FOR CHECKING ACCOUNT OR PRE-PRINTED, BLANK VOIDED DEPOSIT SLIP FOR SAVINGS ACCOUNT. SEND ORIGINAL FORM WITH ATTACHMENTS TO THE TRUSTEE. FAXED ACH FORMS ARE NOT ACCEPTED.

ATTACH VOIDED CHECK HERE

***Written notice of cancellation of "ACH Authorization" must be received by the Trustee's Office no less than 5 business days prior to the scheduled "Debit" date.**