

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH)

Standing Chapter 13 Trustee

Case # _____ Debtor(s) Name(s) _____

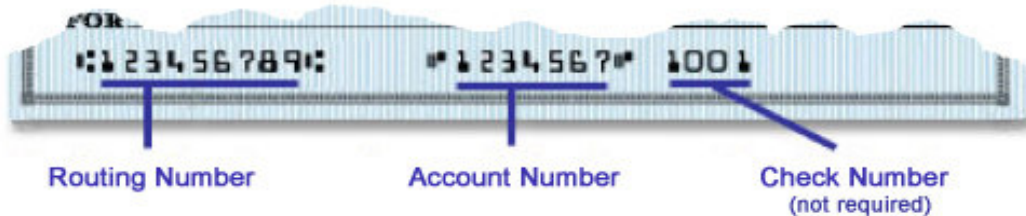
I (we) hereby authorize **TOM POWERS, STANDING CHAPTER 13 TRUSTEE**, hereinafter called **TRUSTEE**, to initiate debit entries in the amount of my (our) current monthly plan payment and, if necessary, to initiate credit and debit adjustment entries for any entries in error to my (our) account indicated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

Account Holder's Name(s): (Debtor must be listed on account)
(Please print)

Beginning: _____, _____
(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 _____

This authority is to remain in full force and effect until **TRUSTEE** has received written notification from me (us) of its termination in such time and in such a manner as to afford **TRUSTEE** and **DEPOSITORY** a reasonable opportunity to act on it. If ACH is mandatory or for life of the plan, it cannot be terminated without the case being converted, dismissed or completed.

Signature of Account Holder _____ Date _____

Signature of Account Holder _____ Date _____

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

ATTACH A PRE-PRINTED **VOIDED** CHECK FOR A CHECKING ACCOUNT **OR** A PRE-PRINTED **VOIDED** DEPOSIT SLIP FOR A SAVINGS ACCOUNT.

***** THIS INFORMATION CANNOT BE FAXED OR EMAILED. ORIGINALS OF BOTH THIS FORM AND THE VOIDED CHECK/DEPOSIT SLIP MUST BE SUBMITTED. *****

Mail to: **TOM POWERS, STANDING CHAPTER 13 TRUSTEE**
125 EAST JOHN CARPENTER FWY., SUITE 1100
IRVING, TX 75062
PHONE: 214-855-9200