

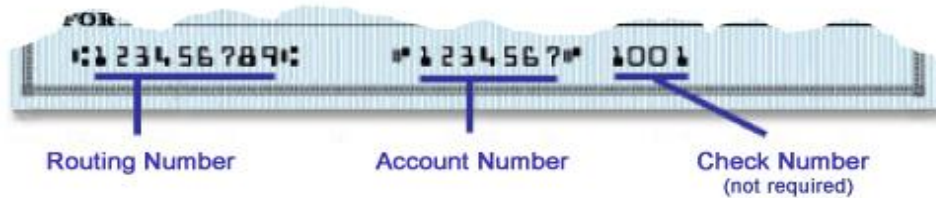
AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH)

I (we) hereby authorize **TIM TRUMAN, 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**.

Beginning Date (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 it, or until my/our Chapter 13 case is converted, dismissed, or completed.

Signed _____ Date _____

Signed _____ Date _____

CHAPTER 13 CASE NUMBER: _____

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

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 BOTH THIS FORM AND THE VOIDED CHECK/DEPOSIT SLIP MUST BE SUBMITTED.

Mail to: **TIM TRUMAN, STANDING CHAPTER 13 TRUSTEE**
6851 NE LOOP 820, STE. 300
NORTH RICHLAND HILLS, TX 76180