

# AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH)

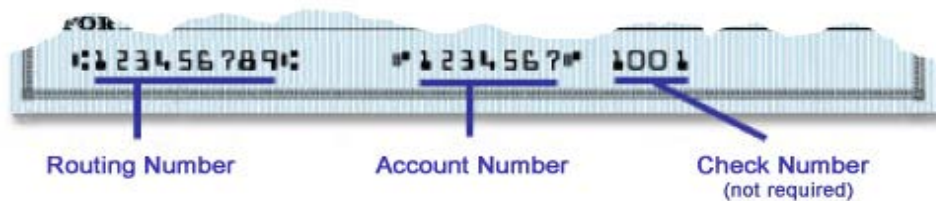
I (we) hereby authorize the **STANDING CHAPTER 13 TRUSTEE** ("TRUSTEE"), to initiate monthly debit entries in the monthly payment amount established by the Chapter 13 Plan, Amended Plan or Modified Plan and, if necessary, to initiate credit and debit adjustment entries for any entries in error to my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

CHAPTER 13 CASE NUMBER \_\_\_\_\_

Beginning Date (month/year) \_\_\_\_\_ / \_\_\_\_\_

Date of Monthly Debit [select one] 7<sup>th</sup> \_\_\_\_\_ OR 23<sup>rd</sup> \_\_\_\_\_

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 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 \_\_\_\_\_

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

Mail to: **STANDING CHAPTER 13 TRUSTEE  
7001 BLVD 26, SUITE 150  
NORTH RICHLAND HILLS, TX 76180**