

# 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, 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 [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 (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**

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