

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBIT ORIGINATION

I (we) hereby authorize Camille Hope, Chapter 13 Trustee, or her successor, herein called Trustee, to initiate debit entries in that amount of \$_____ monthly, starting _____, and occurring on the ____ (5th, 10th, 15th or 25th) day of each month thereafter, to my (our) checking account indicated below, and the depository named below, herein called Depository, to debit the same such account. In addition, I (we) hereby authorize the Trustee to debit our account for reimbursement of any fees incurred due to any returned items on my (our) account. I also authorize the Trustee to increase or decrease this payment in accordance with any modification of my Chapter 13 Plan.

Please allow a minimum of 10 days to process.

YOU MUST CHOOSE ONLY ONE DATE,
5TH, 10TH, 15TH OR 25TH OF THE MONTH
FOR THE TRANSACTIONS TO OCCUR.

BANK NAME: _____

TRANSIT/ABA ROUTING NO: _____

ACCOUNT NUMBER: _____

CHECKING ___ SAVINGS ___

Note: The transit/ABA routing number is a 9 digit number that is found on the bottom left of your check, before your account number. Please do not use a deposit slip to locate this number.

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

NAME: _____

CASE NUMBER: _____

SIGNED: _____

DATE: _____

YOU MUST FURNISH A CURRENT BANK STATEMENT.

ACH PAYMENTS CANNOT BE STARTED WITHOUT A VOIDED CHECK ATTACHED OR A SAVINGS DEPOSIT SLIP IF YOU CHOOSE YOUR SAVINGS ACCOUNT.

IF A DEDUCTION ORDER HAS BEEN ISSUED TO YOUR EMPLOYER, ACH WILL NOT BE AVAILABLE TO YOU.

IF YOU HAVE A NEW CHECKING OR SAVINGS ACCOUNT, ACH WILL NOT BE AVAILABLE TO YOU FOR THREE (3) MONTHS.