

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBIT ORIGINATION

I(we) hereby authorize Camille Hope, Chapter 13 Trustee, or her successor, hereinafter called Trustee, to initiate debit entries in that amount of \$ _____ month, starting _____, and occurring on the (1) _____ (5th, 10th, 15th, or the 25th) day of each month thereafter, to my (our) checking account indicated below, and the depository named below, hereinafter called Depository, to debit the same such account. In addition, I (we) hereby authorize 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.

BANK NAME: _____

(1) YOU MUST CHOOSE ONLY ONE, EITHER 5TH, 10TH, 15TH, or the 25th, OF THE MONTH FOR THE TRANSACTIONS TO OCCUR

TRANSIT/ABA(BANK ROUTING)NO: _____

ACCOUNT NUMBER: _____

CHECKING _____ OR SAVINGS _____

Note: The transit/ABA 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: _____
(PLEASE PRINT OR TYPE)

Case Number: _____

Signed: _____

Date: _____

YOU MUST FURNISH A CURRENT BANK STATEMENT
ACH PAYMENTS CAN NOT BE STARTED WITHOUT A VOIDED CHECK ATTACHED
or a savings deposit slip if you choose your savings account

PLEASE ATTACH A VOIDED CHECK BELOW:

Please note that your deduction order will not be stopped until we have received this form back. If this is a problem, please let us know.