

**AUTHORIZATION FOR TERMINATION OF AUTOMATIC DEBIT ORIGATION**

I (We) hereby authorize Camille Hope, Chapter 13 Trustee, or her successor, to terminate debit entries from my (our) checking account indicated below, and the depository named below, to terminate debit entries from the same such account.

Depository Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Transit/ABA Number \_\_\_\_\_  
Account Number \_\_\_\_\_

Name \_\_\_\_\_ Case Number \_\_\_\_\_  
(Please print or type)

Signed \_\_\_\_\_ Date \_\_\_\_\_