

Tim Truman, Standing Chapter 13 Trustee
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AUTHORIZATION FOR ELECTRONIC DISBURSEMENTS

Creditor Requesting Electronic Disbursement:

Name: _____

Payment Address: _____

(as shown on filed _____

Proof of Claim(s)) _____

(attach additional sheet for multiple name/addresses)

Bank Name: _____

Bank Address: _____

If you would like for this office to send an email with voucher information related to EFT transactions each month, please provide the email address(es) to whom it should be sent:

Password to open email voucher: _____

(The Trustee will provide the password for opening the voucher if Payee does not provide their own unique password.)

ACH Coordinator/Bank Contact:

Bank Contact Name: _____

Title: _____ Phone: _____

Account Information:

Account Name: _____

Routing Transit Number: _____

Account Number: _____ Checking____ or Savings____ (check one)

Tim Truman, Standing Chapter 13 Trustee, hereafter called TRUSTEE, is hereby authorized to initiate credit entries to the account indicated above. This authority is to remain in full force and effect until TRUSTEE has received written notification from me or other authorized representative of its termination in such time and in such manner as to afford TRUSTEE a reasonable opportunity to act on it.

Authorizing Signature*

Telephone Number

(Print Name)

Email Address

Title

Date

***I certify that I am authorized to sign this Authorization for Electronic Disbursements on behalf of the above named creditor/attorney.**