Pam Bassel **Standing Chapter 13 Trustee** Email: basseleft@fwch13.com

AUTHORIZATION FOR ELECTRONIC DISBURSEMENTS

Creditor/Attorney Requesting Electronic Disl	bursement:	
Name(s):		
Payment Address:		
Bank Name:		
Bank Address:		
13network login:*		
*Please be aware that this login will be able to access the financial information from the 13network site. <i>Trustee Use Only: TNG NameID(s):</i>		
If you would like to for this office send an email with voucher information related to EFT transactions each month, please provide the email address(es) to whom it should be sent:		
Account Information:		
Account Name:		
Routing Transit Number:		
Account Number:		
to the account indicated above. This author written notification from me or other authoriz	ereafter called TRUSTEE, is hereby authorized to initiate credit entries rity is to remain in full force and effect until TRUSTEE has received zed representative of its termination in such time and in such manner rtunity to act on it. This authorization will terminate if TRUSTEE sement Program.	
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 names creditor/attorney.