

AUTHORIZATION FOR ELECTRONIC DISBURSEMENTS

Creditor/Attorney Requesting Electronic Disbursement:

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.

Trustee Use Only: TNG NameID(s): _____

If you would like 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 Type: _____

Account Name: _____

Routing Transit Number: _____

Account Number: _____

Pam Bassel, 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 another authorized representative of its termination in such time and in such manner as to afford TRUSTEE a reasonable opportunity to act on it. This authorization will terminate if TRUSTEE discontinues the Electronic Creditor Disbursement 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 named creditor/attorney.**