AMENDED AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)

RETURN BY MAIL TO: ACH DEPARTMENT
DANIEL B. O'BRIEN
CHAPTER 13 TRUSTEE
P. O. BOX 1884
MOBILE, AL 36633

OR YOU MAY FAX TO: 251-438-3545

I (we) hereby authorize **DANIEL B. O'BRIEN, CHAPTER 13 TRUSTEE**, hereinafter called **COMPANY**, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) _____**checking** _____or **savings account(s)** [select one] indicated below at the depository named below, hereinafter called DEPOSITORY, to debit the same to such account, beginning no sooner than _____, 2016

C**hoose One** of the following payment options:

_____**Draft my monthly plan payment on the 5th of each month.**

_____**Draft my monthly plan payment on the 20th of each month.**

_____**Draft my monthly plan payment in two payments. Draft half on the 5th and half on the 20th.**

BANK NAME _____

BANK ROUTING #_____ BANK ACCT. # _____

This authority is to remain in full force and in effect until **COMPANY** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

ACCOUNT HOLDER'S NAME(S) (Please Print)

Name_____Signed_____

Name_____Signed_____

Date _____ Phone #_____ Email _____

CHAPTER 13 CASE NO._____PLAN PAYMENT $ _____

ATTACH A BLANK VOIDED CHECK FOR CHECKING ACCOUNT,

OR A BLANK VOIDED DEPOSIT SLIP FOR SAVINGS ACCOUNT.