

**SUSPENSION OF PAYMENTS FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)**

COMPANY NAME: ATTENTION: ACH DEPARTMENT  
DANIEL B. O'BRIEN  
CHAPTER 13 TRUSTEE  
P.O. BOX 1884  
MOBILE, AL 36633

I (we) hereby **SUSPEND** authorization to **DANIEL B. O'BRIEN, CHAPTER 13 TRUSTEE**, hereinafter called **COMPANY**, for debit entries, hereinafter called **DEPOSITORY**, beginning on \_\_\_\_\_, 2016 in the amount of \_\_\_\_\_. The debit entries will reinstate on \_\_\_\_\_, 2016 in the amount of \_\_\_\_\_ or at such time that the **COMPANY** and **DEPOSITORY** have a reasonable opportunity to act.

DEPOSITORY NAME \_\_\_\_\_  
(Bank Name)

TRANSIT/ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_  
(Routing No.)

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

SOCIAL SECURITY NUMBER

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

CHAPTER 13 CASE NO. \_\_\_\_\_

**For Office Personnel, ACH Department use only:**

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