

TERMINATION OF 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 revoke authorization to **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 indicated below at the depository named below, hereinafter called **DEPOSITORY**, to debit the same to such account, beginning no sooner than _____, 2016 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:

Processed: _____ Date: _____, 2016 Final Draft Date: _____, 2016