**AMENDED AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)**

**RETURN BY MAIL TO: ACH DEPARTMENT OR YOU MAY FAX TO: 251-438-3545**

 **CHRISTOPHER T. CONTE**

 **CHAPTER 13 TRUSTEE**

 **P. O. BOX 1884**

 **MOBILE, AL 36633**

I (we) hereby authorize  **CHRISTOPHER T. CONTE, CHAPTER 13 TRUSTEE**, 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, beginning no sooner than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2022.

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 20**th.

BANK NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BANK ROUTING #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BANK ACCT. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This authority is to remain in full force and in effect until the Chapter 13 Trustee has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Chapter 13 Trustee and bank 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.

Form Revision 01/05/2015