**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, to debit the same to such account, beginning no sooner than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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 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.