

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

Return this Form with a **voided check** attached to:

Kyle L Carlson, Trustee  
ATTN: ACH DEBIT  
PO Box 519  
Barnesville, MN 56514

**Case Number:** \_\_\_\_\_

**Monthly Withdrawal Amount TOTAL:**  
\$ \_\_\_\_\_

**Name:** \_\_\_\_\_

**Phone No** \_\_\_\_\_

I (we) hereby authorize Kyle L Carlson, Chapter 13 Trustee, to initiate debit entries in the above total amount, to my (our) account indicated below at the financial institution named below, hereinafter called BANK, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions from my (our) account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until 10 days after the Trustee has received written notification from me (or either of us) of its termination. **I also authorize the Trustee to adjust the debit entry amount according to future changes in my chapter 13 plan payment.**

ACCOUNT INFORMATION

BANK INFORMATION

**Routing Number:** \_\_\_\_\_

Bank Name: \_\_\_\_\_

**Account Number:** \_\_\_\_\_

Bank Phone No. \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

**RETURN THIS FORM WITH A VOIDED CHECK ATTACHED**

Select one or two date(s) of withdrawal(s) and month to start.

Fill in as appropriate if more than one date chosen.

**OFFICE USE ONLY.**

MONTH & DATE

AMOUNT

COMMENCING

List month to start

\_\_\_\_\_ 5<sup>TH</sup>

\_\_\_\_\_ 20<sup>TH</sup>

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

Entered \_\_\_\_\_

Docketed \_\_\_\_\_

Verified \_\_\_\_\_

Scanned \_\_\_\_\_

**WITHDRAWAL(S) WILL BE ON THE DATE(S) SELECTED OR THE FIRST BANKING DAY THEREAFTER**

\_\_\_\_\_  
**Debtor Signature**

\_\_\_\_\_  
**Co-Debtor Signature**

\_\_\_\_\_  
**Debtor Printed Name**

\_\_\_\_\_  
**Co-Debtor Printed Name**

**THIS DEBIT AUTHORIZATION MAY BE REVOKED ONLY BY PROVIDING TEN (10) DAYS PRIOR WRITTEN NOTICE TO KYLE L CARLSON, CHAPTER 13 TRUSTEE, PO BOX 519, BARNESVILLE, MN 56514.**