

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

Return this Form with a voided check attached to:

Gregory A Burrell, Trustee

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

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

I (we) hereby authorize Gregory A. Burrell, 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

\_\_\_\_\_ Checking Account  
\_\_\_\_\_ Savings Account

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

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

BANK INFORMATION

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

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

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

Select one or two date(s) of withdrawal(s) and

**Month to Start ACH** \_\_\_\_\_

**Date**  5<sup>TH</sup>  
 10<sup>TH</sup>  
 15<sup>TH</sup>

Fill in as appropriate. If two dates chosen the amounts must be equal.

AMOUNT

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

**OFFICE USE ONLY**

COMMENCING

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

**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 GREGORY A BURRELL, CHAPTER 13 TRUSTEE,**