

AMENDED

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Case Number: _____ **Amount of Withdrawal(s) TOTAL:** _____
Last Name: _____

I (we) hereby authorize Robert P. Musgrave, 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, or until 7 days after the Trustee has received written notification from me (or either of us) of its termination. **All earlier authorizations (except Supplemental ACH arrearage forms) in this case are terminated.**

ACCOUNT INFORMATION

Account Type: Checking Account
 Savings Account
Routing Number: _____
Account Number: _____

BANK INFORMATION

Name: _____
City: _____
State: _____
Zip: _____

ATTACH A VOIDED CHECK OR DEPOSIT SLIP FOR THE ACCOUNT

Select date(s) of withdrawal(s) from list.

DATE

- 5th
- 10th
- 15th
- 20th
- 25th

Fill in as appropriate if more than one date chosen.

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 SEVEN(7) DAYS PRIOR WRITTEN NOTICE TO ROBERT P. MUSGRAVE, CHAPTER 13 TRUSTEE, P.O. BOX 972, EVANSVILLE, IN 47706.

OFFICE USE ONLY. DO NOT WRITE IN THIS SPACE.