

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Case Number: _____

Monthly Withdrawal Amount 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 until 7 days after the Trustee has received written notification from me (or either of us) of its termination.

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.