

## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH)

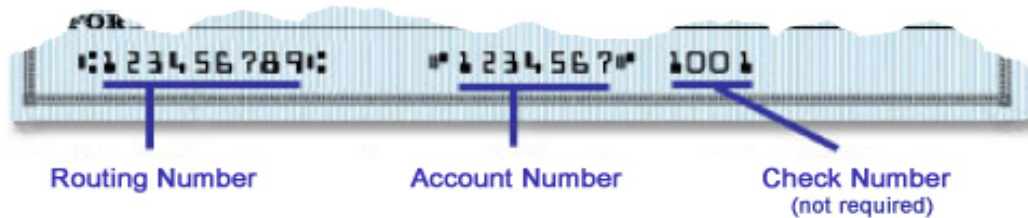
Dallas Chapter 13 Trustee's Office – Revised 1/08/2007

I (we) hereby authorize **TOM POWERS, STANDING CHAPTER 13 TRUSTEE**, hereinafter called **COMPANY**, to initiate debit entries in the amount of my (our) current monthly plan payment and, if necessary, to initiate credit and debit adjustment entries for any entries in error to my (our) account indicated at the depository named below, hereinafter called **DEPOSITORY**.

Beginning: \_\_\_\_\_, \_\_\_\_\_  
(Month) (Year)

Date of Monthly Debit [select one]: 5<sup>th</sup> \_\_\_\_\_ OR 20<sup>th</sup> \_\_\_\_\_

Bank/Credit Union Name: \_\_\_\_\_



Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Account [select one]: Checking \_\_\_\_\_ OR Savings \_\_\_\_\_

Account Holder's Name(s):  
(Please print)

\_\_\_\_\_ Social Security Number \_\_\_\_\_

\_\_\_\_\_ Social Security Number \_\_\_\_\_

This authority is to remain in full force and in effect until **COMPANY** has received written notification from me (us) of its termination in such time and in such a manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it. If ACH is mandatory or for life of the plan, it cannot be terminated without the case being converted, dismissed or completed.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

CHAPTER 13 CASE NUMBER: \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell / Home / Work [circle one]

ATTACH A BLANK **VOIDED** CHECK FOR A CHECKING ACCOUNT **OR** A BLANK **VOIDED** DEPOSIT SLIP FOR A SAVINGS ACCOUNT.

**THIS INFORMATION CANNOT BE FAXED OR EMAILED. ORIGINALS OF BOTH THIS FORM AND THE VOIDED CHECK/DEPOSIT SLIP MUST BE SUBMITTED.**

Mail to: **TOM POWERS, STANDING CHAPTER 13 TRUSTEE**  
**125 EAST JOHN CARPENTER FWY., SUITE 1100**  
**IRVING, TX 75062**