

OFFICE OF THE CHAPTER 13 TRUSTEE – DETROIT

KRISPEN S. CARROLL

719 Griswold Street (1100 Dime Building (Detroit, Michigan 48226-3314

Phone: (313) 962-5035 (Facsimile: (313) 965-1940

Margaret Conti Schmidt

Attorney Administrator

Maria Gotsis

Attorney Administrator

Nancy A. Kapitan

Operations Manager

Nancy L. Armstrong

Audit Manager

Travis Hall

Manager of

Information Services

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH)

I (we) hereby authorize **Krispen S. Carroll, Chapter 13 Trustee**, hereinafter called **TRUSTEE**, to initiate credit and/or debit entries to my (our) account indicated at the depository named below, hereinafter called **BANK**. If necessary, credit entries may be made to initiate an adjustment entry for any entry made in error. By my signature below, I state that I have read and will abide by the Rules of Participation of the Automatic Bank Draft Program and agree to obtain the permission of the United States Bankruptcy Court for the Eastern District of Michigan prior to asserting any challenge I may have to a credit or debit entry made by the Trustee pursuant to this agreement.

This authorization will remain in effect until TRUSTEE has received **written** notification from me (us) of its termination in such time and in such a manner as to afford TRUSTEE and BANK a reasonable opportunity to act on it.

Name: <input type="text"/>	Case #: <input type="text"/>
Address: <input type="text"/>	City: <input type="text"/>
State: <input type="text"/>	Zip Code: <input type="text"/>
Phone # (Home): <input type="text"/>	Phone # (Work): <input type="text"/>
Bank Name: <input type="text"/>	Address: <input type="text"/>
City: <input type="text"/>	State: <input type="text"/>
Zip Code: <input type="text"/>	Phone #: <input type="text"/>
Transit/ABA #: <input type="text"/>	Account #: <input type="text"/>
Select Type of Account: <input type="text"/>	Select Draft Date: <input type="text"/> * See Note Below
Amount Per Month: <input type="text"/>	or amount as amended per order of Bankruptcy Court
Signature: _____ Date: <input type="text"/>	

PLEASE ATTACH VOIDED CHECK HERE

NOTE: if a savings account is being designated, please contact your savings institution and obtain and attach written verification of the proper TRANSIT/ABA # and the proper ACCOUNT #.

Please mail original form to: **Krispen S. Carroll, Chapter 13 Trustee**
719 Griswold, Suite 1100
Detroit, MI 48226
ATTN: Finance/ACH

* **The debtor will be notified in writing by the Trustee as to when the automatic draft program will commence. Any payments due prior to the commencement of this service must still be made by check or money order.**

**OFFICE OF THE CHAPTER 13 TRUSTEE
KRISPEN S. CARROLL**

PARTICIPATION RULES OF THE AUTOMATIC BANK DRAFT PROGRAM

- This program is intended for debtors with fixed incomes such as social security, disability or whose plans propose monthly payments.
- Requests to participate should be initiated by the bank account owner completing and returning to the Trustee the “Authorization Agreement for Preauthorized Payments (ACH)”
- You may choose either the 5th or the 17th day of the month for your payment to be debited, regardless of your actual payment due date. Should the 5th or the 17th of the month fall on a bank holiday or on a weekend, the account will be debited on the first business day thereafter.
- The Trustee reserves the right to deny this privilege to any debtor.
- The debtor may be removed from the program if the Trustee is notified of any insufficient funds debit.
- In order to enter the program the debtor must also authorize the Trustee to initiate credits to the bank account, which will be used solely to adjust any entry made in error to the debtor's bank account.
- The debtor has the right to terminate the automatic bank draft at any time upon written request made in such time and manner as to afford the trustee reasonable opportunity to terminate the draft. There is a termination form attached to this letter. Please keep the termination form for future use. You will be notified in writing by the Trustee that this service has been terminated. You must make all future plan payments by check or money order.
- The completed “Authorization Agreement for Preauthorized Payments (ACH)” must be signed and returned to Krispen S. Carroll, Chapter 13 Trustee, 719 Griswold, Suite1100, Detroit,MI48226, ATTN: Finance/ACH.
- Upon receipt of a completed “Authorization Agreement for Preauthorized Payments (ACH)” the Trustee will determine whether the debtor qualifies for the program.
- The debtor will be notified in writing by the Trustee as to when the automatic draft program will commence. Any payments due prior to the commencement of this service must still be made by check or money order.
- The trustee reserves the right to amend these rules at any time without notice to those who are currently participating.

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Phone (313) 962-5035 / Facsimile (313) 965-1940

AUTHORIZATION FOR TERMINATION OF PREAUTHORIZED PAYMENTS (ACH)

I (we) hereby authorize Krispen S. Carroll, Chapter 13 Trustee, to terminate debit entries from my (our) checking account indicated below, and the bank indicated below.

Name: <input type="text"/>	Case #: <input type="text"/>
Address: <input type="text"/>	City: <input type="text"/>
State: <input type="text"/>	Zip Code: <input type="text"/>
Phone # (Home): <input type="text"/>	Phone # (Work): <input type="text"/>
Bank Name: <input type="text"/>	Address: <input type="text"/>
City: <input type="text"/>	State: <input type="text"/>
Zip Code: <input type="text"/>	Phone #: <input type="text"/>
Transit/ABA #: <input type="text"/>	Account #: <input type="text"/>
Signature: _____	Date: <input type="text"/>

Please mail form to: **Krispen S. Carroll, Chapter 13 Trustee
719 Griswold, Suite 1100,
Detroit, MI 48226
ATTN: Finance/ACH**