

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)

RETURN BY MAIL TO: ACH DEPARTMENT
JOHN C. MCALEER, III
CHAPTER 13 TRUSTEE
P. O. BOX 1884
MOBILE, AL 36633

OR YOU MAY FAX TO: 251-438-3545

I (we) hereby authorize **JOHN C. MCALEER, III, CHAPTER 13 TRUSTEE**, hereinafter called **COMPANY**, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) _____ **checking** _____ or **savings account(s)** [select one] indicated below at the depository named below, hereinafter called **DEPOSITORY**, to debit the same to such account, beginning no sooner than _____

Choose One of the following payment options:

_____ Draft my monthly plan payment on the 5th of each month.

_____ Draft my monthly plan payment on the 20th of each month.

_____ Draft my monthly plan payment in two payments. Draft half on the 5th and half on the 20th.

BANK NAME _____

BANK ROUTING # _____ BANK ACCT. # _____

This authority is to remain in full force and in effect until **COMPANY** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

ACCOUNT HOLDER'S NAME(S) (Please Print)

Name _____ Signed _____

Name _____ Signed _____

Date _____ Phone # _____ Email _____

CHAPTER 13 CASE NO. _____ PLAN PAYMENT \$ _____

ATTACHED A BLANK VOIDED CHECK FOR CHECKING ACCOUNT,
OR A BLANK VOIDED DEPOSIT SLIP FOR SAVINGS ACCOUNT.