

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)**

**RETURN BY MAIL TO:** ACH DEPARTMENT  
DANIEL B. O'BRIEN  
CHAPTER 13 TRUSTEE  
P. O. BOX 1884  
MOBILE, AL 36633

**OR YOU MAY FAX TO: 251-438-3545**

I (we) hereby authorize the **DANIEL B. O'BRIEN, 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 \_\_\_\_\_, 2015

**Choose One** of the following payment options:

\_\_\_\_\_ **Draft my monthly plan payment on the 5<sup>th</sup> of each month.**

\_\_\_\_\_ **Draft my monthly plan payment on the 20<sup>th</sup> of each month.**

\_\_\_\_\_ **Draft my monthly plan payment in two payments. Draft half on the 5<sup>th</sup> and half on the 20<sup>th</sup>.**

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 \$** \_\_\_\_\_

**ATTACH A BLANK VOIDED CHECK FOR CHECKING ACCOUNT,**

**OR A BLANK VOIDED DEPOSIT SLIP FOR SAVINGS ACCOUNT.**