

Barbara Foley
Standing Chapter 13 Trustee

PO Box 51109

Kalamazoo, MI 49005-1109

AUTHORIZATION FOR PREAUTHORIZED VARIABLE WITHDRAWALS (ACH DEBITS)

I/We authorize the Chapter 13 Trustee in Kalamazoo, MI (Barbara Foley) to initiate debit entries to deduct my/our plan payment from my/our checking account as described below, subject to the Trustee's approval.

I/We understand that the EXACT sum must be available for withdrawal. If the exact sum is not available, NONE of the funds available will be transmitted to the Trustee. In addition, I understand that if funds are not available in the exact amount a non-sufficient funds charge will be charged against my account.

If my/our payment amount changes during the Chapter 13 case, I/we authorize the Trustee to likewise change the amount withdrawn from my/our checking account.

I/We understand that I/we must make plan payments by check, money order or ePay, until I/we receive written confirmation that the ACH withdrawal is to begin.

Adjusting entries to correct errors are also authorized. It is agreed that these withdrawals and adjustments may be made electronically and under the Rules of the Michigan Automated Clearing House Association.

I/We understand that if I/we have employment and if our ACH is returned as NSF one time we will be terminated from the program and a payroll order will be issued to our employer.

This authorization will remain in effect until written notice of termination is given to the Trustee.

DEBTOR(S) NAME(S) _____

Case No. _____ Phone No. _____

Select day(s) of the month for withdrawal:

_____ 5th _____ 22nd _____ 5th & 22nd (half of plan payment on each day)

Name of Banking Institution _____

City & State _____

Bank Routing Number _____ Account Number _____

PLEASE ATTACH A VOIDED CHECK

Signature Date Co-Debtors Signature Date

For Trustee Use Only

Participation Rules Sent _____ Set Up Complete in BSS _____