

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

**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, herein after called FINANCIAL INSTITUTION. 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 FINANCIAL INSTITUTION a reasonable opportunity to act on it.

**YOUR INFORMATION**

|                 |  |
|-----------------|--|
| Name            |  |
| Case Number     |  |
| Mailing Address |  |
| City, State Zip |  |
| Phone Number    |  |
| Email Address   |  |

**YOUR FINANCIAL INSTITUTION INFORMATION**

|   |                                   |                                  |
|---|-----------------------------------|----------------------------------|
| Name of Financial Institution           |                                   |                                  |
| Routing Number of Financial Institution |                                   |                                  |
| Account Number                          |                                   |                                  |
| Account Type                            | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |

**YOUR PAYMENT INFORMATION**

|                   |   |  |  |
|-------------------|---|--|--|
| Draft Date:       | <input type="checkbox"/> 5 <sup>th</sup> of the month | <input type="checkbox"/> 17 <sup>th</sup> of the month   | <input type="checkbox"/> 28 <sup>th</sup> of the month |
| Amount Per Month: | \$  | (or amount as amended per order of the Bankruptcy Court) |  |

|                                |
|--------------------------------|
| Signature                      |
| Print Name                     |
| Joint Account Holder Signature |
| Print Name                     |
| Date                           |

**Please email to:**  
[ach.carroll@det13ksc.com](mailto:ach.carroll@det13ksc.com)

Or Mail to: Office of the Chapter 13  
Trustee Krispen S. Carroll  
Attn: Finance/ACH  
719 Griswold St. Ste 1100  
Detroit, MI 48226

# OFFICE OF THE CHAPTER 13 TRUSTEE

## KRISPEN S. CARROLL

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### **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 5<sup>th</sup>, the 17<sup>th</sup>, or the 28<sup>th</sup> day of the month for your payment to be debited, regardless of your actual payment due date. Should the chosen date fall on a bank holiday or 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. The termination form can be found on our website. Upon receipt, 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 returned by either mail to Krispen S. Carroll, Chapter 13 Trustee, 719 Griswold, Suite 1100, Detroit, MI 48226, ATTN: Finance/ACH or email to [ach.carroll@det13ksc.com](mailto:ach.carroll@det13ksc.com).
- 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 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.