OFFICE OF THE CHAPTER 13 TRUSTEE – DETROIT

KRISPEN S. CARROLL

719 Griswold Street • Suite 1100 • 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:	**Bank Name:**
Case #:	**Bank Phone:**
Address:	**Transit/ABA #:**
City:	**Account #:**
State:	**Type of Account:** ◉ Checking ○ Savings
Zip Code:	**Draft Date:** ◉ 5th ○ 17th ○ 28th of the month
Phone # (Home/Cell):	
Email Address:	
Amount Per Month: $	**(or amount as amended per order of Bankruptcy Court)**
Signature:	**Date:**
Signature:	**Date:**

Please Email to: ach.carroll@det13ksc.com

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