

**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:	

***By providing your email address, you will receive reminder notifications 2 business days before the payment is pulled. The Trustee's office respects your privacy and will not sell, loan, or, in any other way, share your email address with third parties.***

**YOUR FINANCIAL INSTITUTION INFORMATION**

A voided check or written verification of the proper routing and account information **must** be provided for the Trustee's office to initiate ACH payments.

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)	

**You will be removed from the program if any payment is returned by your financial institution for any reason.**

Signature
Print Name
Joint Account Holder Signature
Print Name
Date

<p style="text-align:center"><b>Agreement and voided check (or written verification of account information) should be emailed to:</b></p> <p style="text-align:center"><a href="mailto:ach.carroll@det13ksc.com">ach.carroll@det13ksc.com</a></p> <p>Or Mail to: Office of the Chapter 13 Trustee Krispen S. Carroll Attn: Finance/ACH 719 Griswold St. Ste 1100 Detroit, MI 48226</p>
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