

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

AUTHORIZATION FOR TERMINATION OF PREAUTHORIZED PAYMENTS(ACH)

I (we) hereby authorize Krispen S. Carroll, Chapter 13 Trustee, to terminate debit entries from my (our) account and financial institution indicated below.

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	

Authorizing Signature

Print Name

Date

<p>Please email to: ach.carroll@det13ksc.com</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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