

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

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**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><b>Please email to: <a href="mailto:ach.carroll@det13ksc.com">ach.carroll@det13ksc.com</a></b></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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