

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

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)

Krispen S. Carroll, Chapter 13 Standing Trustee (“Trustee”), is hereby authorized to initiate credit and/or debit entries to the account indicated below. Debit entries will be preceded by notification at the email address provided below. This authorization will remain in effect until Trustee has received an “EFT Termination Form” which can be found on the Trustee’s website at www.det13ksc.com in such time and such manner as to afford Trustee a reasonable opportunity to act on it. Trustee may cancel this agreement by notice to Payee in advance at the email address below.

Any changes to this information must be made in writing and signed by an authorized agent of the Payee. On behalf of the Payee named below, I agree to indemnify, protect and hold harmless the Trustee, his agents, servants, employees, and all persons acting on behalf of the Trustee from any claim, liability or damages whatsoever, including, but not limited to, bank fees, court costs, attorneys' fees and interest, however caused, arising directly or indirectly out of the implementation, operation, interpretation or termination of this Agreement or any failure of or delay in any of the foregoing.

PLEASE SELECT ONE OPTION LISTED BELOW TO RECEIVE EFT INFORMATION:

- We will obtain our payment information via the National Data Center
- Please email our EFT Vouchers to: _____

YOUR INFORMATION

Payee Name	
Trade Name (if different)	
Mailing Address	
EFT Contact Name	
EFT Contact Phone Number	

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

Authorizing Signature

Print Name

Title

Email Address

Date

RETURN TO:
Office of the Chapter 13 Trustee Krispen S. Carroll Attn: Finance 719 Griswold St. Ste 1100 Detroit, MI 48226 EFT.Carroll@det13ksc.com
All agreements received by the 10 th of each month will be effective with the next month’s disbursement.

For Trustee Use Only:
_____ Creditor NameID
_____ Entered by Finance