

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)

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

NameID (For Trustee Use)

YOUR INFORMATION

Name of Creditor* _____

Trade Name (if different) _____

Payment Address* _____

City, State, Zip* _____, _____

Contact Name _____

Contact Phone Number _____ - _____ - _____

*as it appears on your filed proofs of claim
Please contact Kathy Sager, 313-962-7948 or eft.carroll@det13ksc.com, with any questions.

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 EFT payments.

Name of Financial Institution _____

Routing Number _____

Account Number _____

Account Type Checking Savings General Ledger

HOW YOU WILL OBTAIN YOUR PAYMENT DETAIL (including case name, account number and amount)

Email the payment detail to: _____ @ _____
(Only 1 email address can be used)

We will obtain our payment information via the National Data Center

Krispen S. Carroll, Chapter 13 Standing Trustee ("Trustee"), is hereby authorized to initiate credit and/or debit entries to the account indicated above. 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.

Authorizing Signature

Email Address

Print Name

Date

Title

For Trustee use only: Date forwarded for entry: _____