

AUTHORIZATION FOR CHANGE / TERMINATION OF 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

YOUR INFORMATION

Name ID _____
Name of Creditor* _____
Trade Name (if different) _____
Payment Mailing Address* _____
City, State, Zip* _____, _____
Contact Name _____
Contact Phone Number _____ - _____ - _____
Payment Detail Email _____ @ _____

*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

Please include a voided check or written verification of the proper routing and account information.

Name of Financial Institution _____
Routing Number _____
Account Number _____
Account Type Checking Savings General Ledger

CHANGE REQUESTED (check only one box)

- I (we) hereby authorize Krispen S. Carroll, Chapter 13 Trustee, to **terminate** EFT payments to my (our) bank account indicated above. The Chapter 13 Trustee will no longer make payments to the Payee named above by electronic means.
- I (we) hereby authorize Krispen S. Carroll, Chapter 13 Trustee, to **make changes** to the EFT agreement as indicated above.

I represent that I am authorized to execute this Authorization for Change/Termination of Electronic Funds Transfer on behalf of the Payee named above. I, individually and on behalf of the Payee named above, jointly and severally, 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

Print Name

Title

Email Address

Date