

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

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**AUTHORIZATION FOR TERMINATION OF ELECTRONIC FUNDS TRANSFER (EFT)**

I (we) hereby authorize Krispen S. Carroll, Chapter 13 Trustee, to terminate EFT payments to my (our) bank account indicated below.

**YOUR INFORMATION**

Payee Name	
Mailing Address	
EFT Contact Name	
EFT Contact Phone Number	

**YOUR FINANCIAL INSTITUTION INFORMATION**

Name of Financial Institution	
Routing Number of Financial Institution	
Account Number	

I represent that I am authorized to execute this Authorization for Termination of Electronic Funds Transfer on behalf of the Payee named above. I understand and acknowledge that upon receipt of Authorization for Termination of Electronic Funds Transfer, the Chapter 13 Trustee will no longer make payments to the Payee named above by electronic means. 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

<b>RETURN TO:</b>
Office of the Chapter 13 Trustee Krispen S. Carroll Attn: Finance 719 Griswold St. Ste 1100 Detroit, MI 48226 EFT.Carroll@det13ksc.com

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