

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBIT ORIGINATION

I (we) hereby authorize the Chapter 13 Trustee, hereinafter called TRUSTEE, to initiate ACH debit entries in the amount of \$ _____ starting _____ / _____ (month & year), to my (our) account indicated below, and the depository named below, hereinafter called DEPOSITORY, to debit the same such account. **Please allow a minimum of 10 days to process.** If there is a bank chargeback on a debit transaction for any reason, I authorize a \$10.00 administrative charge to be made against my bankruptcy case.

Bank Name: _____
Transit/ABA (Bank Routing) No: _____ Account No: _____

Note: The Transit/ABA number is a 9 digit number that is found on the bottom left of your check, before your account number. Please do not use a deposit slip to locate this number. Some banks use an ACH number different from the regular routing number. **Do not mark over bank routing information on the bottom of the check.**

This authority is to remain in full force and effect until TRUSTEE and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford TRUSTEE and DEPOSITORY a reasonable opportunity to act on it. **All account holders must authorize the debit by signing below. Send original documents (check can be a photocopy).**

Name: _____ Case No: _____
(please print or type)

Signed: _____ Date: _____

Name: _____

Signed: _____ Date: _____

Your phone number: _____
TYPE OF ACCOUNT-SELECT ONE: CHECKING (checks or checkless) SAVINGS
SOURCE OF FUNDS: Social Security/SSI Pension Other _____

IMPORTANT-SELECT DRAFT DATE BASED ON DATE YOU RECEIVE BENEFIT PAYMENTS:
 3rd day of EACH MONTH – deduction will be on 5th of month or following banking business day
 2nd Wednesday 3rd Wednesday 4th Wednesday
Wednesday selections will be deducted on the following FRIDAY or the following banking business day.

PLEASE ATTACH A VOIDED CHECK HERE (NO STARTER CHECKS OR BUSINESS CHECKS): **NOTE:** NetSpend and other prepaid debit cards cannot be used. If a **savings** account or **checkless** account is being designated, please contact your financial institution and obtain and attach written verification of the proper Transit/ABA No. and the proper Account No. The account must be authorized to accept ACH debits or a chargeback may result.

Beneficiaries receiving benefits prior to May 1997 or receiving both Social Security benefits and SSI payments are paid on the 3rd of each month. Other beneficiaries receive Social Security benefit payments on different Wednesdays of the month based on Birth date.
2nd Wednesday – Birth date falls on 1st -10th
3rd Wednesday – Birth date falls on 11th -20th
4th Wednesday – Birth date falls on 21st -31st – will occasionally result in 2 deductions from the bank account the same month.

If using a debit account without checks, be sure it accepts ACH transactions

Effective 9/28/2018 – prior forms obsolete EXPIRES 11/30/2018