

AUTHORIZATION FOR TERMINATION OF AUTOMATIC DEBIT ORIGINATION

I (we) hereby authorize the Chapter 13 Trustee, hereinafter called TRUSTEE, to terminate debit entries from my (our) account indicated below, and the depository named below, hereinafter called DEPOSITORY, to terminate debit entries from the same such account. (PLEASE ONLY SEND THIS FORM IN IF YOU WISH TO **PERMANENTLY** TERMINATE THE AUTO DEBIT)

Bank Name: _____

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

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

Signed: _____ Date: _____

Name: _____

Signed: _____ Date: _____

Your phone number: _____

**Please mail completed form to our mailing address PO Box 511, Chattanooga, TN 37401-0511 or you can fax the form to 423-266-5816. Form must be received at least 3 business days prior to the actual date the change is to take effect. For fastest delivery send a PDF image scan of this form to ch13cha@ch13-trustee.com.

You may still register to make online payments with ePay. See the website information at www.ch13cha.com.

DO NOT TERMINATE THE AUTHORIZATION IF YOU JUST WANT TO CHANGE AN EXISTING AUTHORIZATION.

Contact your attorney to request temporary suspension of your payments if you need to make a change that cannot be completed before your next deduction. If any deductions are missed, you have to make the payments yourself until they resume.