

**AUTHORIZATION FOR PAYMENT CHANGE  
OR DEDUCTION DATE CHANGE  
FOR AUTOMATIC DEBIT ORIGINATION**

I (we) hereby authorize the Chapter 13 Trustee, hereinafter called TRUSTEE, to change the amount of debit entries to my (our) banking account being debited for plan payments from \$ \_\_\_\_\_ to \$ \_\_\_\_\_, effective with the \_\_\_\_\_/\_\_\_\_ (month & year) payment, and the depository named below, hereinafter called DEPOSITORY, to debit the same such account. All other provisions of the Authorization Agreement for Automatic Debit Origination remain in full force and effect. **Do not change this section if you only want to change deduction date.**

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I (we) hereby authorize the Chapter 13 Trustee, hereinafter called TRUSTEE, to change the deduction date of debit entries to my (our) banking account being debited for plan payments from to (see schedule below), effective with the \_\_\_\_\_/\_\_\_\_ (month & year) payment. All other provisions of the Authorization Agreement for Automatic Debit Origination remain in full force and effect. **Do not change this section if you only want to change payment amount.**

If you are changing your deduction date, which day do you receive your benefits:

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. **The 4<sup>th</sup> Wednesday option will occasionally result in 2 deductions from the bank account in the same month.**

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**Complete for either section:**

Name: \_\_\_\_\_ Case No: \_\_\_\_\_  
(please print or type)

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](mailto:ch13cha@ch13-trustee.com).**

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.  
Second Wednesday – Birth date falls on 1st-10<sup>th</sup>  
Third Wednesday – Birth date falls on 11th-20th  
Fourth Wednesday – Birth date falls on 21st-31<sup>st</sup>

**IMPORTANT:** To avoid confusion, make changes effective with the closest future payment. If the change skips the closest future payment, that payment will be processed at the current settings which may not be what you want.

Effective 9/28/2018 – prior forms obsolete