

NEW BANK ACCOUNT AUTHORIZATION

I (we) hereby authorize the Chapter 13 Trustee, hereinafter called TRUSTEE, to change the banking information for my (our) debit entries effective with the _____ (month & year) payment. **Form must be received at least 3 business days prior to the actual date the change is to take effect It must be mailed to PO Box 511, Chattanooga, TN 37401-0511.**

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.

If the new account is a savings account or a debit checking account contact your financial institution and obtain and attach written verification of the proper Transit/ABA No. and the proper Account No.

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: _____
(please print or type)

Case No: _____

Signed: _____

Date: _____

Name: _____

Signed: _____

Date: _____

Your phone number: _____

PLEASE ATTACH A VOIDED CHECK HERE **(NO STARTER CHECKS OR BUSINESS CHECKS):**

NOTE: If a savings account is being designated, please contact your savings institution and obtain and attach written verification of the proper Transit/ABA No. and the proper Account No.