

CHAPTER 13 TRUSTEE  
EASTERN DISTRICT OF KENTUCKY

AUTHORIZATION FOR PAYMENTS BY AUTOMATIC BANK DRAFT (DEBITS)

DEBTOR NAME \_\_\_\_\_ CASE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I/We authorize the Chapter 13 Trustee for the Eastern District of Kentucky (Beverly M. Burden) to initiate debit entries to deduct my/our plan payment from my/our checking account as described below, subject to the Trustee's approval.

If my/our payment amount changes during this chapter 13 case, I/we authorize the Trustee to likewise change the amount withdrawn from my/our checking account.

Until the bank draft starts, I/we understand that I/we must make plan payments by check or money order.

I/We agree that the Trustee can stop automatic bank drafts if any two (2) drafts are returned unpaid by my/our bank for any reason, and that I/we will then make payments by cashier's check or money order.

I/We can revoke this authorization by giving ten (10) days' prior written notice to: Chapter 13 Trustee, PO Box 2204, Lexington, KY 40588-2204.

TO ENROLL, PLEASE:

(1) SELECT DATE OF WITHDRAWAL  
(CHECK ONLY ONE)

\_\_\_\_\_ 10TH

\_\_\_\_\_ 25TH

WITHDRAWAL WILL BE ON THE DATE  
SELECTED OR THE NEXT BUSINESS DAY

YOUR DUE DATE WILL BE CHANGED TO BE  
THE SAME AS THE DATE YOU SELECT FOR  
THE WITHDRAWAL

(2) PRINT the following information:

MY/OUR BANK'S NAME: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_

BANK ROUTING NUMBER: \_\_\_\_\_

MY/OUR CHECKING ACCOUNT NUMBER: \_\_\_\_\_

(3) ATTACH A VOIDED CHECK.

(4) SIGN AND DATE:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(5) MAIL THIS PAGE TO: CHAPTER 13 TRUSTEE EDKY, PO BOX 2204, LEXINGTON KY  
40588-2204.