

CHAPTER 13 TRUSTEE, EASTERN DISTRICT OF KENTUCKY

**FORM: Authorization For Payments By Automatic Bank Draft**

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If my/our payment amount changes during this chapter 13 case, I/we authorize the Trustee to likewise change the amount withdrawn from my/our checking account.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) WITHDRAWAL WILL BE ON THE DATE SELECTED OR THE NEXT BUSINESS DAY

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

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

YOUR DUE DATE WILL BE CHANGED TO BE THE SAME AS THE DATE YOU SELECT FOR THE WITHDRAWAL (THESE ARE THE *ONLY* AVAILABLE DATES)

(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.** **\*\*NOT DOING SO WILL DELAY THIS PROCESS\*\***

(4) SIGN AND DATE:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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