

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF TEXAS  
\_\_\_\_\_ DIVISION

In Re: \_\_\_\_\_  
\_\_\_\_\_  
(Name of Debtors)

Chapter 13 Case No.: \_\_\_\_\_  
Example: 00-00000-G3-13  
00-00000-H?-13

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)**

The undersigned hereby authorizes **David G. Peake, Chapter 13 Trustee** in the above captioned cause (hereinafter "the Trustee"), to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries made in error to my checking or savings account(s) indicated below at the depository named below (hereinafter called DEPOSITORY), to debit the same to such account, beginning no sooner than the \_\_\_ day of \_\_\_\_\_, 20\_\_, in the amount of the monthly payment due pursuant to my Chapter 13 Plan, as it may be amended from time to time.

DEBIT ENTRIES WILL BE MADE TO THE ACCOUNT ON THE DATE SELECTED BELOW, OR IF THE DATE IS A HOLIDAY, ON THE NEXT BUSINESS DAY FOLLOWING THE DATE SELECTED.

- Deduct the entire payment on the 5<sup>th</sup> day of the month.
- Deduct the entire payment on the 20<sup>th</sup> day of the month.
- Deduct one half of the payment on the 5<sup>th</sup> and one half on the 20<sup>th</sup> day of each month.

The name and address of my bank is as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Transit/ABA number for the bank is: \_\_\_\_\_ My account number is: \_\_\_\_\_  
*(The Transit/ABA number is a 9 digit number located on the bottom left of your check. You must attach a voided check or deposit slip to this form when you submit the form to the Trustee.)*

This authority is to remain in full force and in effect until the Trustee has received written notification from me of its termination in such time and in such manner as to afford the Trustee and DEPOSITORY a reasonable opportunity to act on it, or until the Chapter 13 case is either completed, dismissed, or converted to another chapter. The Trustee is authorized to initiate a debit for the amount of the monthly Chapter 13 Plan payment in the above captioned cause in the amount specified in the Plan or Amended Plan for each month following the date set forth above, or the date of the receipt of this authorization by the Trustee, whichever is later. Completion and submission of this form to the Trustee does not excuse the Debtor in the above captioned Chapter 13 case from the duty to make payments pursuant to the terms of the plan.

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_  
*(Print or type the account holder's name.) (Print or type the Social Security or Tax ID number of the account holder.)*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**YOU MUST MAIL THIS FORM ALONG WITH AN ATTACHED VOIDED CHECK OR DEPOSIT SLIP (OR A COPY THEREOF), TO THE TRUSTEE AT THE FOLLOWING ADDRESS:**

**David G. Peake, Chapter 13 Trustee  
9660 Hillcroft, Suite 430  
Houston, TX 77096**

**DO NOT FILE THIS FORM WITH THE COURT**

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_