

**AUTHORIZATION AGREEMENT
FOR
DIRECT DEPOSITS (ACH CREDITS)**

I (we) hereby authorize Cindy Boudloche, Chapter 13 Trustee hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error, to my (our) account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit and / or debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

**You must verify your electronic account information with your Financial Institution,
and attach a voided check for further verification.**

Financial Institution _____ City _____
State _____ Zip _____ Checking or Savings
Routing Number _____ Account Number _____
(For Electronic Transactions)

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it

Name(s) _____ Name ID _____

Signature _____ Date _____

Contact Phone _____ Email _____