

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)

(Last Revised 02-25-04)

COMPANY NAME: Tim Truman
Standing Chapter 13 Trustee
6851 N.E. Loop 820, Suite 300
North Richland Hills, TX 76180

I (we) hereby authorized **TIM TRUMAN, STANDING CHAPTER 13 TRUSTEE**, hereinafter called **COMPANY**, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) **checking** _____ or **savings account(s)** _____ [select one] indicated below at the depository named below, hereinafter called DEPOSITORY, to debit the same to such account, **beginning OR no sooner than** _____, **5th** or **20th** 2004. (Select ONE Date & Circle)

CHAPTER 13 CASE NO. _____ PLAN PAYMENT \$ _____

BANK/CREDIT UNION NAME _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____
(Routing No.)

This authority is to remain in full force and in 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. *

ACCOUNT HOLDER'S NAME(S)

SOCIAL SECURITY NUMBER

Signed _____

Date _____

Signed _____

Date _____

Phone # _____

Circle one: Home/business/cell

ATTACH A BLANK VOIDED CHECK FOR CHECKING ACCOUNT, OR BLANK VOIDED DEPOSIT SLIP FOR SAVINGS ACCT.

341 Meeting/Dism Hrg/Modif/Legal Dept/Other

***Written notice of cancellation of "Authorization" must be received by the Trustee's Office no less than 5 business days prior to the scheduled "Debit" date.**