AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)
Return this completed form with a voided check to:
Gregory A. Burrell, Trustee, 100 South Fifth Street, #480 Minneapolis, MN 55402
ATTN: Kim V.

CASE NUMBER: _____   *NAME:* _____

MONTHLY WITHDRAWAL AMOUNT: _____

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*I (we) hereby authorize Gregory A. Burrell, Chapter 13 Trustee, to initiate debit entries in the above total amount, to my (our) account indicated below at the financial institution named below, hereinafter called BANK, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions from my (our) account must comply with the provisions of U.S. law. **This authorization is to remain in full force and effect until 10 days after the Trustee has received written notification from me (or either of us) of its termination.** I also authorize the Trustee to adjust the debit entry amount according to future changes in my Chapter 13 plan payment.*

ACCOUNT INFORMATION

_____ *Checking Account- Starter checks are not accepted*	**Routing Number:**_____
Or	**Account Number:**_____
_____ *Savings Account- Please send a letter from your bank that includes the routing and account numbers and your name and address for our office to verify the information*	

BANK INFORMATION
Bank Name: _____

City, State & ZIP code: _____

MONTH TO START ACH & YEAR: _____

CHOOSE FROM AVAILABLE ACH PAYMENT DATE(S):	*OFFICE USE ONLY:* *COMMENCING*
[ ] **5TH**	
[ ] **10th**	_____
[ ] **15TH**	_____
[ ] **20TH**	_____
AMOUNT: $_____	
If two dates are chosen, the monthly payment will be equally divided in half for each pull date	
WITHDRAWAL(S) WILL BE ON THE SELECTED DATE(S) OR THE FIRST BANKING DAY THEREAFTER	

_____   _____
Debtor Signature   *Co-Debtor Signature*

_____   _____
Debtor Printed Name   *Co-Debtor Printed Name*

Your ACH debit will not be started until your 1st plan payment is received.
RETURN THIS COMPLETED FORM WITH A VOIDED CHECK