

CREDITOR AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH CREDITS)

Return this Form with a voided check attached to:

Gregory A. Burrell, Trustee
 ATTN: Heidi
 100 South Fifth Street, Suite #480
 Minneapolis, MN 55402

Mailing Address (where payments are currently sent) (Creditor Code is on the top of the Check Voucher following "Pay To")

Name _____
 Address _____
 City _____ State _____ Zip _____ Creditor Code _____

Contact Information – Please list the person who can respond if additional information is required.

Contact Name _____
 Email Address _____ Phone _____

Email Address to send details of payment (Electronic voucher)

Email Address for Electronic Voucher _____

ACCOUNT INFORMATION

BANK INFORMATION

Checking Account Only

Bank Name: _____

Routing Number: _____

Account Number: _____

City, State, ZIP: _____

Gregory A. Burrell, Chapter 13 Trustee, hereafter called Trustee, is hereby authorized to credit the account indicated above. This authority is to remain in full force and effect until TRUSTEE has received written notification from me or other authorized representative of its termination in such time and in such manner as to afford TRUSTEE a reasonable opportunity to act on it. This authorization will terminate if TRUSTEE discontinues the Electronic Disbursement Program.

Signature _____

Title _____

Printed Name _____

Date _____

THIS CREDIT AUTHORIZATION MAY BE REVOKED ONLY BY PROVIDING TEN(10) DAYS PRIOR WRITTEN NOTICE TO Gregory A. Burrell, CHAPTER 13 TRUSTEE, 100 SOUTH FIFTH STREET, STE. 480, MINNEAPOLIS, MN 55402, ATTN: HEIDI