

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)*(Please email completed form to gdh@upstate13.com)***REQUEST TYPE:**

New Setup	Termination	
Change Financial Institution	Change Account Number	Change Account Type

ATTORNEY INFORMATION:

1. Full Name	2. Email Address	3. Telephone Number	
4. Street Address	5. City	6. State	7. Zip Code

FINANCIAL INSTITUTION ACCOUNT INFORMATION:

8. Financial Institution Name			
9. Address			
10. City	11. State	12. Zip code	
13. Routing Transit Number	14. Account Number	15. Account Type	CHECKING SAVINGS

EFT/ACH BANK COORDINATOR CONTACT INFORMATION:

16. Full Name	17. Title
18. Telephone Number	19. Email Address

VOUCHER INFORMATION DELIVERY METHOD:

Through my 13Network.com account	Through the National Data Center (NDC) website	Via Email
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AUTHORIZATION FOR SETUP, TERMINATION, AND CHANGES:

I hereby request and authorize Gretchen D. Holland, Chapter 13 Standing Trustee (hereinafter TRUSTEE), to deposit payments by electronic funds transfer into the account indicated above, and if necessary, debit entries and adjustments for any amount deposited electronically in error. I recognize that if I fail to provide complete and accurate information on this Authorization Agreement, the processing of the form may be delayed or my payments may be erroneously transferred electronically. This authority is to remain in full force and effect until I submit a new Authorization Agreement requesting either Termination of or Changes to the information contained herein, in such time and in such manner as to afford TRUSTEE a reasonable opportunity to act on it. TRUSTEE is authorized to disregard a request for termination or change that does not comply with this requirement.

I agree to indemnify, protect, and hold harmless TRUSTEE, her supervisors, agents, servants, employees, and all persons acting on behalf of TRUSTEE from any claim, liability, or damages whatsoever, including, but not limited to, bank fees, court costs, attorneys' fees, and interest, however caused, arising directly or indirectly out of the implementation, operation, interpretation, or termination of this Authorization Agreement or any failure of or delay in any of the foregoing.

I understand that TRUSTEE reserves the right to discontinue the Electronic Disbursement Program at any time and without further notice; that TRUSTEE's general disbursement is made the first Friday of each month and funds will post between 1 to 3 business days after that (timing depends on the procedures of my financial institution); and that all disbursements made during the month on individual cases, rather than on TRUSTEE's general disbursement day, will continue to be sent via paper check.

23. Authorized Signature	24. Printed Name	25. Date
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TRUSTEE OFFICE USE ONLY

Date Entered by Trustee:	Date Verified:	Verified By:
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