

THOMAS W. McDONALD, JR
STANDING CHAPTER 13 TRUSTEE
3144 Davenport Avenue
Saginaw, MI 48602
Telephone: (989) 792-6766
Fax: (989) 791-6565

Authorization for Preauthorized Variable Withdrawals (ACH Debits)

I (we) hereby authorize THE CHAPTER 13 TRUSTEE AT SAGINAW, MI to instruct my financial institution to make my Chapter 13 payments on the dates due from the account listed below.

Source of Deposits (Check One)

- Payment to be taken on the 5th of each month
 Payment to be taken on the 24th of each month
 Payment to be taken each Friday, starting on the _____ of _____ and continuing _____ weekly
_____ bi-weekly
 Payment to be taken out semi-monthly on the 15th and last business day of each month.

Amount of Payment \$ _____ or amount as amended per order of Bankruptcy Court

YOU MUST SET UP DIRECT DEPOSIT ARRANGEMENTS WITH YOUR BANKING INSTITUTION.

Debtor's Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Case Number: _____ Attorney: _____ Phone #: _____

I (we) understand that the EXACT sum must be available for withdrawal. If the exact sum is not available, NONE of the funds will be transmitted to the Trustee. In addition, I (we) understand that if the funds are not available in the exact amount a non-sufficient funds charge will be charged against the account. Additionally if funds are unavailable for withdrawal the ACH debit will NOT be resubmitted, and payment will need to be mailed to the Trustee at:

THOMAS W. McDONALD, JR.
CHAPTER 13 TRUSTEE
P.O. BOX 613286
MEMPHIS, TN 38101-3286.

I (we) also understand if the date for withdrawal falls on a weekend or Holiday the funds will be withdrawn on the next business day.

It is agreed that these withdrawals may be made electronically and under the Rules of the Michigan Automated Clearing House Association. The authority remains in effect until the Trustee has received written notification from you of termination in time to allow reasonable opportunity to act on it, or until the Trustee has sent me written notice of termination of this agreement. I (we) acknowledge receipt of a filed copy of this Authorization.

I (we) will not revoke this Authorization for Preauthorized Variable Withdrawals in a way which would require a reversal of funds paid to the trustee.

Name of Institution: _____

Account Type (select one): Checking Account Number: _____

Savings Transit Routing Number: _____

Debtor(s) Signature: _____ Date: _____

_____ Date: _____

Please Attach a Voided Check or Deposit Ticket to This Authorization