

Finance & Operations Manager
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Standing Chapter 13 Trustee
Middle District of Florida
Tampa/Fort Myers Divisions

Chapter 13 Staff Attorneys
Kimberly R. McIntyre
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The Trustee is pleased to announce another way to make monthly Chapter 13 Plan payments. We have the capability of automatically debiting your checking account each month for the amount of your Plan payment. This service may benefit you because:

- ◆ You won't have the worry about remembering to send your payments each month;
- ◆ You will save time and money since you won't have to run out to purchase and mail a money order or cashier's check each month; and
- ◆ **Most importantly, you'll never have to worry about being behind in your Plan payments.**

Should you wish to participate in this new program, please return the completed authorization form to our office. **You may choose either the 5th or the 17th day of the month for your payment to be debited, regardless of your actual payment due date.** Please make sure to check the appropriate box on the authorization form for either the 5th or 17th for the debit. Please attach a voided check to the authorization form. We cannot process debits without first receiving a voided check. All account holders, regardless of being in the bankruptcy, must sign the authorization form. **WE DO NOT ACCEPT STARTER CHECKS OR BUSINESS CHECKS.** After the Trustee's office receives the authorization form, we will send a written confirmation that will notify you of the date on which the automatic debits will commence.

In the event the amount of your Plan payment changes during the life of your plan, it is your responsibility to provide our office with written consent authorizing us to debit the new payment amount each month.

If at any time an automatic payment is returned, the agreement will be terminated and this service will no longer be available to you. You will be notified in writing and will then be required to make the missed payment by using a money order or cashier's check. All future payments must thereafter be made in the form of a money order or cashier's check.

Once this service has been established, there are 3 ways to terminate the automatic debit:

1. Your case is dismissed, converted to another chapter of the bankruptcy code, or upon completion of all Plan payments;
2. Your automatic payment is returned account closed, returned payment stopped, or returned for insufficient funds; or
3. You voluntarily terminate the agreement. There is a termination form attached to this letter. Please keep the termination form for future use. Once the Trustee receives a signed termination form, he will immediately terminate the automatic debits from your checking account and you then must go back to making all future Plan payments via money order or cashier's check. Once you voluntarily terminate this service, the procedure cannot be reestablished. You must make all future payments by money order or cashier's check.

If you have any questions regarding this program, please call our office and speak with someone in the Accounting Department.

**** NOTE – PLEASE SEND THE AUTHORIZATION TO THE CORRESPONDENCE ADDRESS P.O. BOX 25001, BRADENTON, FL 34206-5001**

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBIT ORIGINATION

I (we) hereby authorize the Chapter 13 Trustee, hereinafter called TRUSTEE, to initiate debit entries in the amount of \$_____ starting _____(month & year), to my (our) account indicated below, and the depository named below, hereinafter called DEPOSITORY, to debit the same such account. **Please allow a minimum of 10 days to process.**

Bank Name: _____
Transit/ABA (Bank Routing) No: _____ Account No: _____

Note: The Transit/ABA number is a 9 digit number that is found on the bottom left of your check, before your account number. Please do not use a deposit slip to locate this number.

This authority is to remain in full force and effect until TRUSTEE and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford TRUSTEE and DEPOSITORY a reasonable opportunity to act on it. **All account holders must authorize the debit by signing below.**

Name: _____ Case No: _____
(please print or type)

Name: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Your phone number: _____

IMPORTANT-SELECT DRAFT DATE

5th of EACH MONTH 17th of EACH MONTH

TYPE OF ACCOUNT-SELECT ONE: CHECKING SAVINGS

PLEASE ATTACH A VOIDED CHECK HERE (NO STARTER CHECKS OR BUSINESS CHECKS):
NOTE: If a savings account is being designated, please contact your savings institution and obtain and attach written verification of the proper Transit/ABA No. and the proper Account No.

AUTHORIZATION FOR TERMINATION OF AUTOMATIC DEBIT ORIGINATION

I (we) hereby authorize the Chapter 13 Trustee, hereinafter called TRUSTEE, to terminate debit entries from my (our) checking account indicated below, and the depository named below, hereinafter called DEPOSITORY, to terminate debit entries from the same such account.
(PLEASE ONLY SEND THIS FORM IN IF YOU WISH TO TERMINATE THE AUTO DEBIT)

Bank Name: _____

Routing No: _____

Account No: _____

Name: _____
(please print or type)

Case No: _____

Name: _____

Signed: _____

Date: _____

Signed: _____

Date: _____