

AUTHORIZATION FOR PAYMENT CHANGE
FOR AUTOMATIC DEBIT ORIGATION

I (we) hereby authorize the Chapter 13 Trustee, hereinafter called TRUSTEE, to change the amount of debit entries to my (our) checking account indicated below from \$_____ to \$_____, effective with the _____ (month to start) payment, and the depository named below, hereinafter called DEPOSITORY, to debit the same such account. All other provisions of the Authorization Agreement for Automatic Debit Origination remain in full force and effect.

Name: _____
(please print or type)

Case No: _____

Signed: _____

Date: _____

Name: _____
(please print or type)

Signed: _____

Telephone Number: _____

**Please mail completed form to our correspondence address PO Box 25001, Bradenton, FL 34206 or you can fax the form to 941-750-9266. The form must be received at least 3 business days prior to the actual date the change is to take effect.