

OFFICE OF THE CHAPTER 13 TRUSTEE – DETROIT

TAMMY L. TERRY, CHAPTER 13 TRUSTEE

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)

Tammy L. Terry, Chapter 13 Standing Trustee, hereafter called Trustee, is hereby authorized to initiate credit and debit entries (creditor will be notified prior to debit entries) to the account indicated below. This authority is to remain in full force and effect until Trustee has received WRITTEN notification from me or other authorized representative for me of the termination in such time and such manner as to afford Trustee a reasonable opportunity to act on it. This authorization will terminate if Trustee discontinues the Electronic Creditor Disbursement Program.

YOUR INFORMATION

Name:		
Trade Name (if different):		
Payment Address:		
Noticing Address:		
EFT Contact Name		
EFT Contact Phone Number		
Transit/ABA #		
Account #		
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Please attach a cancelled check or confirmation letter, with the ABA number and account number, from your financial institution.

YOUR BANK INFORMATION

Bank Name		
Bank Address		
City, State, ZIP Code		
Bank Contact Name:		
Bank Contact Title:		
Bank Contact Phone Number		

Any changes to this information must be requested in writing signed by an authorized agent of the party completing this form. The Trustee is authorized to disregard **any** request for a change that does not comply with this requirement. I, individually and on behalf of the party named above, jointly and severally, agree to indemnify, protect and hold harmless the Trustee, his supervisors, agents, servants, employees, and all persons acting on behalf of the 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 Agreement or any failure of or delay in any of the foregoing. **Note: All transfers of claims or change of servicing agents must be filed with the court with the new account number, if any, and a contact number. A termination of EFT should also be filed for a specific claim that has a transfer of claim or change in servicing.**

 Authorizing Signature

 Print Name

 Title

 Chapter13 Network Login: User Name/Password (for viewable vouchers*)

 Email Address

For Chapter 13 Use Only:
_____ Entered
_____ Verified

* If you do not already have a 13 network login or if you want a second 13 network login for vouchers only, please go to www.det13.net – click on the Information tab – then click on the [13Network Information](#) link and fill out the 13Network.com *USER ACCESS TO TRUSTEE ONLINE INFORMATION AGREEMENT*. Once this is completed, enter your login on this form, this is the 13 network login that will be used to view vouchers. This login will also be able to access financial information from the 13Network site.

For 13Network Questions email: brooksc@det13.net
 For EFT Questions email: wallerp@det13.net or murrayl@det13.net

OFFICE OF THE CHAPTER 13 TRUSTEE

TAMMY L. TERRY

535 Griswold St, Suite 111-615, Detroit, MI 48226

Phone (313) 967-9857 / Facsimile (313) 237-1716

AUTHORIZATION FOR TERMINATION OF ELECTRONIC FUNDS TRANSFER (EFT)

I (we) hereby authorize Tammy L. Terry, Chapter 13 Trustee, to terminate EFT payments to my (our) bank account indicated below.

Firm Name:	
Address:	
Phone Number:	
Bank Name:	
Bank Address:	
Transit/ABA #:	
Account #:	
Reason for Termination: Ex. Change in Servicer, Transfer of Claim, paid in full, withdrawn	
Was the above documentation filed with court?	<input type="checkbox"/> Y <input type="checkbox"/> N
Transferee or New Servicer Name:	
Transferee or New Servicer Phone Number	
Transferee or New Servicer Account number	
Transferee or New Servicer Address for payments	
Transferee or New Servicer Address for Noticing	
Signature:	Date: ____/____/20____
Print name:	

I represent that I am authorized to execute this Authorization for Termination of Electronic Funds Transfer on behalf of the Attorney/Firm named above. I understand and acknowledge that upon receipt of Authorization for Termination of Electronic Funds Transfer, the Chapter 13 Trustee will no longer make payments to the Attorney/Firm named above by electronic means which may result in delays in receipt of future payments by the Trustee. I, individually and on behalf of the party named above, jointly and severally, agree to indemnify, protect and hold harmless the Trustee, his supervisors, agents, servants, employees, and all persons acting on behalf of the 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 Agreement or any failure of or delay in any of the foregoing.

Authorizing Signature

Print Name

Title

Chapter13 Network Login: User Name/Password (for viewable vouchers*)

Email Address

For Chapter 13 Use Only:
_____ Entered
_____ Verified

**Please mail form to: Tammy L. Terry, Trustee
535 Griswold St, Suite 111-615
Detroit, MI 48226**