

## **NEW BANK ACCOUNT AUTHORIZATION**

I (we) hereby authorize the Chapter 13 Trustee, hereinafter called TRUSTEE, to change the banking information for my (our) debit entries effective with the \_\_\_\_\_(month & year) payment. **Form must be received at least 3 business days prior to the actual date the change is to take effect & must be mailed to PO Box 25001, Bradenton, FL 34206.**

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: \_\_\_\_\_  
(please print or type)

Case No: \_\_\_\_\_

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Your phone number: \_\_\_\_\_

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.