



EFT AUTHORIZATION FORM

PLEASE COMPLETE THIS FORM AND RETURN TO: Nancy J. Whaley, Trustee
 303 Peachtree Center Ave.
 Suite 120
 Atlanta, GA 30303
 Fax: (678) 992-1202

PART 1: Transaction Type

<input type="checkbox"/> New Setup	<input type="checkbox"/> Cancellation	
<input type="checkbox"/> Change Financial Institution	<input type="checkbox"/> Change Account Number	<input type="checkbox"/> Change Account Type

PART 2: Creditor Information

1. Creditor Name		
2. Primary Contact Name	3. Primary Contact Phone	4. Primary Contact Email
5. Address Line 1	6. Address Line 2	7. Address Line 3
8. City	9. State	10. Zip Code

PART 3: Financial Institution

11. Financial Institution Name	12. City	13. State	14. Zip Code
15. Routing Transit Number	16. Account Number	17. Type of Account CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/>	
18. Routing Transit Number	19. Account Name	20. EFT Coordinator/Bank Contact Name: Title: Phone:	

PART 4: Authorization for Setup, Cancellation, or Changes

I hereby request and authorize Nancy J. Whaley, Standing Chapter 13 Trustee ("TRUSTEE"), to deposit payments by electronic funds transfer into the account specified above and, if necessary, debit entries and adjustments for any amount deposited electronically in error. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is given. The undersigned must allow 2 – 4 weeks for initiating or terminating Electronic Funds Transfer and is responsible for notification of any change in financial institution information. The TRUSTEE retains the right to terminate this authorization at any time in the TRUSTEE'S sole discretion.

21. Authorized Signature	22. Printed Name	23. Title	24. Phone
25. Email Address			

TRUSTEE OFFICE USE ONLY

Entered By	Date	Verified By	Date
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