

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

YOUR BANK INFORMATION

Bank Name: (Required)		
Bank Address: (Required)		
City, State, ZIP Code: (Required)		
Bank Contact Name: (Required)		
Bank Contact Title: (Required)		
Bank Contact Phone: (Required)		

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.**

Trade\Firm Name:	
------------------	--

 Authorizing Signature **(Required):**

 Print Name **(Required):**

 Title **(Required):**

 Email Address **(Required):**

13network.com Login Credentials (for viewable vouchers*) (Required)	
Username:	Password:

For Chapter 13 Use Only:

Name ID(s) _____

Verified by _____

* If you do not have a 13network.com login or if you want a second 13network.com 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 and password on this form, this 13network login ID will be used to create your www.ndc.org ID used to view the EFT vouchers (look for an email from NDC.org to complete the ID setup process). The same login ID will allow access to financial information on both the 13Network.com and ndc.org sites, but the voucher information is ONLY available at ndc.org. You may want to assign a separate password for the NDC.org ID to protect access to the vouchers.

For 13Network\NDC Questions email: brooksc@det13.net and 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: (Required)	
Address: (Required)	
Phone Number: (Required)	
Bank Name: (Required)	
Bank Address: (Required)	
Transit/ABA #: (Required)	
Account #: (Required)	
Reason for Termination: Ex. Change in Servicer, Transfer of Claim, paid in full, withdrawn (Required)	
Was the above documentation filed with court? (Required)	___Y ___N
Transferee or New Servicer Name: (Required)	
Transferee or New Servicer Phone Number (Required)	
Transferee or New Servicer Account number (Required)	
Transferee or New Servicer Address for payments (Required)	
Transferee or New Servicer Address for Noticing (Required)	
Signature: (Required)	Date: ___/___/20___
Print name: (Required)	

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 (Required):

Print Name (Required):

Title (Required):

Email Address (Required):

For Chapter 13 Use Only:
_____ Entered
_____ Verified

Please mail form to:

Tammy L. Terry, Trustee
 535 Griswold St, Suite 111-615
 Detroit, MI 48226