

**MELISSA A. CAOUETTE**  
**STANDING CHAPTER 13 TRUSTEE**

400 N. Saginaw St. Ste. 331  
Flint, Michigan  
48502-2045  
Telephone (810) 238-4675  
Fax (810) 238-4712

**Authorization for Preauthorized Variable Withdrawals (ACH Debits)**

I hereby authorize THE CHAPTER 13 TRUSTEE AT Flint, MICHIGAN to make withdrawals from time to time from the account identified below at \_\_\_\_\_ PHONE # of Financial Institution \_\_\_\_\_ (Depository Financial Institution, hereinafter referred to as DFI) and authorized the DFI to charge such withdrawals to my listed account.

Debtor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Case No.: \_\_\_\_\_ Attorney Name/Phone# \_\_\_\_\_

Source of Deposits: (Check One)

- Payment to be taken on the 5th of the month. \$ \_\_\_\_\_  
OR  
 Payment to be taken on the 22nd of the month \$ \_\_\_\_\_

To have Semimonthly withdrawals check both boxes

I understand that the EXACT sum must be available for withdrawal. If the exact sum is not available, NONE of the funds available will be transmitted to the Trustee. In addition, I understand that if funds are not available in the exact amount a non-sufficient funds charge will be charged against my account.

If the purpose for withdrawal is restricted in any manner, such restriction is stated below. Adjust entries to correct errors are also authorized. It is agreed that these withdrawals and adjustments may be made electronically and under the Rules of the Michigan Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to the Trustee. I acknowledge receipt of a filed copy of this Authorization.

Name of DFI	DFI's Routing & Transit No.	Account No. to Debit	Type of Account	
			<input type="checkbox"/>	CHECKING
			<input type="checkbox"/>	SAVINGS
Name of Authorizing Party (Please Print)	Address	City	State	Zip Code

Signature of Authorizing Party	Date	Individual S.S.N.
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Amount Per Month  
\$ \_\_\_\_\_ or amount as amended per order of Bankruptcy Court

**Please Attach Voided Check To This Authorization.**  
**Please Contact Your Bank Or Credit Union To Determine If Additional**  
**Numbers Have To Be Added To Your Account Number To Allow For The Electronic Withdrawal.**