

***ELECTRONIC FUND TRANSFERS***  
***OFFICE OF CHAPTER 13 TRUSTEE***

***EFT DATA AND ACCEPTANCE FORM***

In order for the Office of the Chapter 13 Trustee to process Electronic Fund Transfers, we need you to provide the following information. A separate form is required for each location.

*OFFICE INFORMATION*

Office Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Email Address \_\_\_\_\_

*BANKING INFORMATION*

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Account Number \_\_\_\_\_

Account Type  Checking  Savings (Must select one)

Routing Transit Number (9 digits) \_\_\_\_\_

*AUTHORIZATION*

We authorize the Office of the Chapter 13 Trustee to process an Electronic Fund Transfer to make monthly Chapter 13 disbursements to our office.

Should any changes be made to the above information, we will notify the Office of the Chapter 13 Trustee in writing

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date