

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 (Print) _____ 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) _____

REPORT INFORMATION

Report Type Paper Excel Data file (Must select one)

c/o _____

Address _____

City, State Zip Code _____

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