

Dianne C. Kerns
 Chapter 13 Standing Trustee
 31 North 6th Avenue
 Suite 105-152
 Tucson, AZ 85701
 Phone: (520) 544-9094 Fax: (520) 989-6270

Authorization for Electronic Disbursements

Creditor Requesting Electronic Disbursement:

Creditor Name:	
Creditor Address:	
ACH Coordinator – (Bank Contact):	
Name:	
Title:	
Phone:	
Trustee Office Use Only:	Verified:
	Date:

Account Information:

Bank Name:	
Routing Transit Number:	
Account Number:	
Account Type:	
Account Title:	

Dianne C. Kerns, Chapter 13 Standing Trustee, hereinafter called TRUSTEE, is hereby authorized to initiate credit entries to the account indicated above. This authority is to remain in full force and effect until TRUSTEE has received written notification from me or other authorized representative of its termination in such time and manner as to afford TRUSTEE a reasonable opportunity to act on it. This authorization will terminate if TRUSTEE discontinues the Electronic Creditor Disbursement Program.

 Authorizing Signature

 Printed Name

 Title

 Telephone Number

 Email Address

Trustee Office Use Only:

Verified: _____

Date: _____