

Gregory D. Stefan
Chapter 13 Standing Trustee

EFT AUTHORIZATION FORM

PLEASE COMPLETE THIS FORM AND UPLOAD AT: 13trustee.online/submit

PART 1: Request Type

<input type="checkbox"/> New Setup	<input type="checkbox"/> Cancellation	<input type="checkbox"/> Change Voucher Delivery
<input type="checkbox"/> Change Financial Institution	<input type="checkbox"/> Change Account Number	<input type="checkbox"/> Change Account Type

PART 2: Recipient Information

1. Creditor/Attorney Name		
2. Primary Contact Name	3. Primary Contact Phone	4. Primary Contact Email
5. Address Line 1	6. Address Line 2	7. Address Line 3
8. City	9. State	10. Zip Code

PART 3: Voucher Delivery Method

Please choose from the following three options on how you wish to receive voucher information associated with any EFT Information. The voucher information is the equivalent of the payment support information you receive attached to the bottom of the check.

Please note that all disbursements made during the month on individual cases, rather than the Trustee's month-end disbursement, will continue to be sent via paper check.

11. Choose Delivery Method

Through your 13network.com account with this trustee.

Through your National Data Center (ndc.org) account.

Via Email at _____

PART 4: Financial Institution

12. Financial Institution Name	13. City	14. State	15. Zip Code
16. Routing Transit Number	17. Account Number		18. Type of Account <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> GENERAL LEDGER (G/L)

Please attach a copy of a voided check or confirmation from the financial institution indicating the ABA (routing) number and account number into which the funds are to be deposited.

PART 5: Authorization for Setup, Cancellation, or Changes

I hereby request and authorize Gregory D. Stefan, Chapter 13 Standing Trustee ("TRUSTEE"), to deposit payments by electronic funds transfer into the account specified above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed, or my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is given. The undersigned must allow 2 - 4 weeks for initiating or terminating Electronic Funds Transfer and is responsible for notification of any change in financial institution information. The TRUSTEE retains the right to terminate this authorization at any time in the TRUSTEE'S sole discretion.

19. Authorized Signature	20. Printed Name	21. Position/Title	22. Date
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TRUSTEE OFFICE USE ONLY			
Entered By	Date	Verified By	Date