

**OFFICE OF THE CHAPTER 13 TRUSTEE
LAUREN A. HELBLING, TRUSTEE**

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

PART I: REASON FOR SUBMISSION

- New EFT Enrollment
- Update current EFT Enrollment (Example: account or bank changes)
- Cancel EFT Enrollment

PART II: ACCOUNT HOLDER INFORMATION

Creditor or Attorney Name

Postal Mailing Address City State Zip Code

Telephone Number Email address

Contact Person Contact Person's Title

Contact Person's Telephone Number Contact Person's email Address

Please mail the voucher remittance to the above (Check one) postal mailing address. email address.

PART III: FINANCIAL INSTITUTION INFORMATION

Financial Institution's Name Telephone number

Postal Mailing Address City State Zip Code

Financial Institution Contact Person Contact Person's Title

Contact Person's Telephone Number Contact Person's Email Address

Account name Routing number Account number Type of Account (check one)
 Checking Savings

You must include with this EFT Authorization Agreement a voided check or a letter from the financial institution on financial institution letterhead specifying the account holder's name, the financial institutions electronic routing transit number, account number, and account type. If submitting a letter from the financial institution on financial institution letterhead, a financial institution officer's name and signature is also required. This information will be used to verify your account number and ownership.

PART IV: AUTHORIZATION

Lauren A. Helbling, Chapter 13 Trustee ("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 receives written notice from me (or my authorized representative) of the termination in such time and such manner as to afford Trustee a reasonable opportunity to act on it. This authorization shall terminate if Trustee discontinues the creditor/attorney EFT program.

I represent that I am the creditor/attorney named above or am authorized to execute this Authorization for Electronic Funds Transfer on behalf of the creditor/attorney named above.

SIGNATURE LINE

Authorizing Official Name (Print) Authorizing Official Title

Authorizing Official Telephone Number Authorizing Official email Address

Authorizing Signature (Must be original signature in blue ink) Signature Date

Return completed form to: Nikki Topoly, Manager – Finance, Office of the Chapter 13 Trustee, 200 Public Square, Suite 3860, Cleveland, OH 44114