

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

AUTOMATIC PAYMENT ENROLLMENT FORM

BANKRUPTCY CASE INFORMATION

Case Number _____ Debtor(s) _____

BANK ACCOUNT INFORMATION

New

Update I/We authorize the Office of the Chapter 13 Trustee to update the existing automatic payment as directed.

Cancel I/We authorize the Office of the Chapter 13 Trustee to cancel the existing automatic payment as directed.

Name(s) on Account: _____

Bank Name: _____ City, State, Zip: _____

Routing #: _____ Account #: _____ Type: Savings Checking

DEBIT INFORMATION

Monthly Automatic Payment Amount \$ _____

Transactions will be processed on either the 7th, 16th, or 25th of each month. If date occurs on weekend or holiday transaction will occur next business day.

Please select preferred transaction date: 7th or 16th or 25th

I/We understand that the Office of the Chapter 13 Trustee must receive this form and voided check by the end of the month in order to draft the next month's payment. I/We agree to make my/our bankruptcy plan payments until notified of the effective date of the first automatic payment. Either party may cancel this service upon notification.

I/We understand that this agreement authorizes the transfer of funds to make payments on my/our bankruptcy plan that I/we are obligated to pay. I/We remain liable for all payments due according to my/our bankruptcy plan if funds are not properly transferred. I/We understand that the obligation under my/our bankruptcy plan is independent of this agreement.

If the Plan payment changes (Debtor files motion to modify, Trustee Notice of Mortgage Payment Change or the Court orders otherwise), I/We authorize and request the Office of the Chapter 13 Trustee to change the amount of the monthly transfer from my/our account to the new plan payment amount due.

I/We understand that this authorization will remain in full force and effect until the Office of the Chapter 13 Trustee has received a new authorization from me/us or received written notification from me/us of its termination at least 10 days in advance of the next automatic payment.

I/We hereby authorize the Office of the Chapter 13 Trustee to initiate electronic debit entries to my/our account as described above.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Requirement: Attach voided check here.

Please verify that the routing number and account number shown above are correct.

Return the completed and signed enrollment form to:
Office of the Chapter 13 Trustee, Lauren A. Helbling, Trustee
ATTN: Receipts Department
200 Public Square, Suite 3860
Cleveland, OH 44114-2321

If this document is being completed by debtor's attorney, you may scan & upload pdf to Document Delivery Portal & choose category "ACH ENROLLMENT"