

JULIE PHILIPPI
CHAPTER 13 TRUSTEE
170 Franklin St., Ste. 600
Buffalo, NY 14202
(716) 854-5636

ACH (Automated Clearing House) Payment Option

The Trustee is pleased to announce another way to make your monthly plan payments. We can now automatically debit your checking account each month for the amount of your plan payment. This uses the Automated Clearing House (ACH) system to process payments directly from your bank account. Our office is able to originate an electronic transaction that will transfer the funds from your bank to our bank. This service may benefit you because:

- ❖ You won't have to worry about remembering to send your payments each month;
- ❖ You will save time and money because you won't have to purchase and mail a money order or cashier's check or pay to use an online service; and
- ❖ Most importantly, you'll never have to worry about being behind in your plan payments.

If you would like to sign up for this service, please fill out the authorization form, attach a voided check, and return the form and voided check to the office. All account holders, even if not part of the bankruptcy, must sign the authorization form.

After receiving your form, we will notify you in writing of the start date of the automated payments. ***The deductions will take place on the 20th day of each month or the first business day thereafter.*** It may take over 30 days before the first deduction occurs. You are responsible for sending payments electronically online or by cashier's check or money order to the payment address until the deductions start.

You are responsible for having sufficient funds in your account to cover the deductions. If the automatic payment is returned or denied for any reason, the agreement will be terminated and this service will no longer be available to you. You will then have to make your payments by money order, cashier's check, electronically, or by employer wage order.

If your payment amount changes for any reason, you must notify the Trustee in writing by the 10th day of the month in which the change in the payment amount takes place. If you don't, the wrong amount may be taken from your account. Similarly, if your bank account information changes, you must notify the Trustee in writing by the 10th day of the month, and you must submit a new request for ACH with the new information.

Be aware that the funds deducted one month will not be disbursed in that month but will be held for a sufficient time to ensure that the transfer is valid.

Send your signed authorization form and voided check to the street address above.

AUTHORIZATION AGREEMENT FOR ACH DEDUCTION

Debtor(s) Name(s): _____

Case No. _____

On this ____ day of _____, 20____, I (we) hereby authorize Julie Philippi, Chapter 13 Trustee, to transfer the funds necessary to pay my monthly plan payments from my bank account, identified below. I understand that I am responsible for making my monthly payment to the Chapter 13 Trustee under the terms of the plan and that it is my responsibility to make sure that funds sufficient to cover the plan payment will be available before the 20th of each month, which is the date the funds will be withdrawn from my account.

I am requesting that \$_____ be withdrawn monthly from my account with the following institution:

Bank Name: _____

Bank Routing No.: _____ Account No.: _____

I understand that the transaction will occur on or about the 20th of each month.

As further proof of my voluntary enrollment in this program, I have attached to the bottom of this form a check from the account for deduction of my plan payments. I have written the word "void" on the attached check.

I understand that my enrollment in this program will be immediately cancelled without notice if the deduction is denied or returned for any reason, and I will not be eligible to enroll again if this happens. I further understand that if my enrollment in this program is cancelled, it is my responsibility to continue to make my plan payment to the Chapter 13 Trustee's lockbox in the form of certified check or money order or through TFS, an independent online payment service.

If my plan payment amount changes for any reason (court-ordered suspension, increase or reduction), I will notify the Trustee in writing not later than the 10th day of the month in which the change in payment amount is to take place.

Finally, I understand that to cancel the ACH withdrawal, I must submit a signed written request that must be received by the Trustee no later than the 10th day of the month.

All account holders must authorize the debit by signing below.

(Print name)

(Print name of joint account holder, if any)

Signature

Signature

Attach voided check here.
No starter or business checks.