

OFFICE OF THE CHAPTER 13 TRUSTEE
CRAIG SHOPNECK, 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 normally be processed on the 16th of each month or the next business day.

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 monthly mortgage payments are included in the bankruptcy plan: Adjustable interest rate mortgage loans or the amount of escrow which may vary from year to year may make it necessary to adjust my/our monthly plan payment. 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 _____

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
Craig Shopneck, Trustee
200 Public Square, Suite 3860
Cleveland, OH 44114-2321

Attn: Receipts Department