

**OFFICE OF THE CHAPTER 13 TRUSTEE
CRAIG SHOPNECK, 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

Craig Shopneck, 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