OFFICE OF THE CHAPTER 13 TRUSTEE – DETROIT TAMMY L. TERRY, CHAPTER 13 TRUSTEE

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)

Tammy L. Terry, Chapter 13 Standing Trustee, hereafter called Trustee, is hereby authorized to initiate credit and debit entries (creditor will be notified prior to debit entries) to the account indicated below. This authority is to remain in full force and effect until Trustee has received WRITTEN notification from me or other authorized representative for me of the termination in such time and such manner as to afford Trustee a reasonable opportunity to act on it. This authorization will terminate if Trustee discontinues the Electronic Creditor Disbursement Program.

YOUR INFORMATION			
Firm Name: (Required)			
Trade\Firm Name (if different):			
Payment Address: (Required)			
Noticing Address:			
EFT Contact Name: (Required)			
EFT Contact Phone Number:			
(Required)			
Transit/ABA #: (Required)			
Account #: (Required)			
Account Type: (Required)	□ Checking	□ Savings	Required: Please attach a cancelled check or confirmation letter, with the ABA number and account number, from your financial institution.

YOUR BANK INFORMATION

Bank Name: (Required)	
Bank Address: (Required)	
City, State, ZIP Code:	
(Required)	
Bank Contact Name: (Required)	
Bank Contact Title: (Required)	
Bank Contact Phone:	
(Required)	

Any changes to this information must be requested in writing signed by an authorized agent of the party completing this form. The Trustee is authorized to disregard **any** request for a change that does not comply with this requirement. I, individually and on behalf of the party named above, jointly and severally, agree to indemnify, protect and hold harmless the Trustee, his supervisors, agents, servants, employees, and all persons acting on behalf of the Trustee from any claim, liability or damages whatsoever, including, but not limited to, bank fees, court costs, attorneys' fees and interest, however caused, arising directly or indirectly out of the implementation, operation, interpretation or termination of this Agreement or any failure of or delay in any of the foregoing. Note: All transfers of claims or change of servicing agents must be filed with the court with the new account number, if any, and a contact number. A termination of EFT should also be filed for a specific claim that has a transfer of claim or change in servicing.

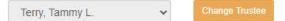
Trade\Firm Name:			
		For Chapter 13 Use Only:	
Authorizing Signature (Required):			
		Name ID(s)	
Print Name (Required):			
		Verified by	
Title (Required):		* If you do not have a 13network.com login or if you want a second	
		13network.com login for vouchers only, please go to https://www.det13.net/online-case-information/	
		and fill out the 13Network.com WEB ACCESS AGREEMENT.	
Email Address (Required):		Once this is completed, enter your login and password on this form, thi 13network login ID will be used to create your www.ndc.org ID used to view the EFT vouchers (look for an email from NDC.org to complete th ID setup process). The same login ID will allow access to financial	
13network.com Login Credentials (for viewable vouchers*) (Required)			
Username:	Password:	information on both the 13Network.com and ndc.org sites, but the voucher information is ONLY available at ndc.org. You may want to assign a separate password for the NDC.org ID to protect access to th vouchers.	

For Credentials Questions email: <u>brooksc@det13.net</u> and For EFT Questions email: <u>wallerp@det13.net</u> Upload this Completed form to bkdocs.us

Sending the completed EFT document to the Trustee. Visit https://www.bkdocs.us Log into your free account Select Document Upload and follow the steps below.

Document Upload

Step 1: Choose Your Trustee



To change Trustee click the "Remove default" button.



QUEUE: 1

Click on the file name to expand the section and provide details for each file. Once all the details are provided for each file the individual panel will turn green.

✓ 2299999_E	FT-Form.pdf	4
	COUNT CLERK EFT, c/o Ch. 13 Trustee 3-5 business days to be sent from the Trustee.	
2299999	Electronic Attorney / Creditor Disbursements (EFT) [3; 🗸	
	scription (max. 140 characters)	
You have 140 char	acters remaining.	Remove File
Please Read		

It is the filer's responsibility to verify that all but the last four digits of debtor(s)'s social security numbers and the social security numbers and other personally identifiable information with regard to minor children have been permanently redacted. The attorney assumes complete responsibility for the redaction of such numbers and information on documents input into the system. The Trustee shall not be liable to anyone for the failure of the attorney to redact such numbers and information.

I accept