

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

535 Griswold, Suite 2100
Detroit, Michigan 48226
Phone (313) 967-9857

AUTHORIZATION FOR TERMINATION OF PREAUTHORIZED PAYMENTS (ACH)

I (we) hereby authorize Tammy L. Terry, Chapter 13 Trustee, to terminate debit entries from my (our) checking account indicated below, and the bank indicated below.

Name:	Case #:
Address:	City:
State:	Zip Code:
Phone # (Home):	Phone # (Work):
Attorney Name:	Attorney E-mail:
Bank Name:	Address:
City:	State:
Zip Code:	Phone #:
Transit/ABA #:	Account #:
Signature:	Date: / /20
Signature:	Date: / /20

All parties to the Account designated above must sign this Authorization for Termination, whether such party is a Debtor in Bankruptcy. By signing this Authorization for Termination, each party agrees to be individually bound by this Authorization for Termination and by the terms of the Rules of Participation of the Automatic Bank Draft Program. The Trustee shall not be obligated to terminate any ACH Agreement unless this request is signed by all parties to the account.

DO NOT EMAIL THIS FORM TO OUR OFFICE.

Upload the completed ACH termination form (as a single document) in the following naming convention (XX-XXXXX_3716_ACH_Termination.pdf where XX-XXXXX is the Chapter 13 case number) to our office using <https://www.bkdocs.us> . Adding the case number and the form type number to the file name as shown above will add the complete the case number field and select the correct form type automatically when uploading it to bkdocs.us, Upon receipt and verifying the information, we will deactivate the ACH agreement as requested.