

**AUTHORIZATION TO TRANSFER PAYMENTS  
FROM MY BANK ACCOUNT**

**(for joint debtors, "I" means "we" and "my" means "our" throughout this document)**

I, \_\_\_\_\_, case number SA \_\_\_\_\_  
(Please print your name) (Print you case #)

hereby authorize the office of Amrane Cohen, chapter 13 trustee, to transfer from my account the funds necessary to cover the monthly plan payment. I understand that I am responsible for making my monthly payment to the chapter 13 trustee under the terms of my confirmed plan. I understand that it is my responsibility to make sure that funds sufficient to cover the plan payment will be available every month at least 48 hours prior to the due date that I have selected below.

I am requesting that the funds to make my plan payment be withdrawn from my account with the following institution, \_\_\_\_\_ .  
(Print name of bank, savings and loan, or credit union)

I understand that each month a withdrawal will occur on (select one of the following dates:)

- \_\_\_\_\_ the 20<sup>th</sup> of each month;
- \_\_\_\_\_ the 25<sup>th</sup> of each month;
- \_\_\_\_\_ the end of each month.

I understand that the Office of Amrane Cohen, chapter 13 trustee, will only be responsible for accounting for funds actually transferred from my bank to his bank.

Date: \_\_\_\_\_ Debtor's signature: \_\_\_\_\_

Co-debtor signature: \_\_\_\_\_

(Attach a copy of a check marked "void" on the signature line here using scotch tape or a glue stick)