

Director of Operations

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TERRY E. SMITH

Standing Chapter 13 Trustee
Middle District of Florida
Tampa/Fort Myers Divisions

Senior Staff Attorney

M. Eric Barksdale

Staff Attorneys

Walter G. Bullington, Jr.

Sandra L. Hibsich

William C. Harrison

The Trustee is pleased to announce a new way to make monthly Chapter 13 Plan payments. We now have the capability of automatically debiting your checking account each month for the amount of your Plan payment. This service may benefit you because:

- ◆ You won't have the worry about remembering to send your payments each month;
- ◆ You will save time and money since you won't have to run out to purchase and mail a money order or cashier's check each month; and
- ◆ **Most importantly, you'll never have to worry about being behind in your Plan payments.**

Should you wish to participate in this new program, please return the completed authorization form to our office. **You may choose either the 5th or the 17th day of the month for your payment to be debited, regardless of your actual payment due date.** Please note the authorization form is a two-sided form – the authorization for debiting payments on the 5th day of the month is on one side, the authorization for debiting payments on the 17th day of the month is on the other. Please attach a voided check to the authorization form. We cannot process debits without first receiving a voided check. After the Trustee receives the authorization form, he will send a written confirmation that will notify you of the date on which the automatic debits will commence.

In the event the amount of your Plan payment changes during the life of your plan, you will receive notice from the Trustee together with an authorization for payment change which you will need to complete and return to our office.

If at any time an automatic payment is returned, you will be notified in writing. You will then be required to make the missed payment using a money order or cashier's check. You will also be required to reimburse our office for any fees our bank may charge. If an automatic payment is returned a second time, the agreement will be terminated, and this service will no longer be available to you. All future payments must thereafter be made in the form of a money order or cashier's check.

Once this service has been established, there are 3 ways to terminate the automatic debit:

1. Your case is dismissed, converted to another chapter of the bankruptcy code, or upon completion of all Plan payments;
2. Your automatic payment is returned more than once; or

Mail payments to: P.O. Box 917835, Orlando, FL 32891-7835
Correspondence address: P.O. Box 25001, Bradenton, FL 34206-5001
Telephone (941) 747-4644 Toll Free 1-800-248-2075 Facsimile (941) 750-9266

(see over)

AUTHORIZATION FOR TERMINATION OF AUTOMATIC DEBIT ORIGINATION

I (we) hereby authorize Terry E. Smith, Chapter 13 Trustee, hereinafter called TRUSTEE, to terminate debit entries from my (our) checking account indicated below, and the depository named below, hereinafter called DEPOSITORY, to terminate debit entries from the same such account.

Bank Name: _____

Routing No: _____

Account No: _____

Name: _____
(please print or type)

Case No: _____

Signed: _____

Date: _____

3. You voluntarily terminate the agreement. There is a termination form attached to this letter. Please keep the termination form for future use. Once the Trustee receives a signed termination form, he will immediately terminate the automatic debits from your checking account and you then must go back to making all future Plan payments via money order or cashier's check. Once you voluntarily terminate this service, the procedure cannot be reestablished. You must make all future payments by money order or cashier's check.

If you have any questions regarding this new program, please call our office and speak with either of the following persons:

Kimberly Sawdy ext. 122
Brandee Youdal ext. 120

**** NOTE – PLEASE SEND THE AUTHORIZATION TO THE CORRESPONDENCE
ADDRESS P.O. BOX 25001, BRADENTON, FL 34206-5001**

(see over)

AUTHORIZATION FOR DATE CHANGE
FOR AUTOMATIC DEBIT ORIGINATION

I (we) hereby authorize Terry E. Smith, Chapter 13 Trustee, hereinafter called TRUSTEE, to change the date of debit entries to my (our) checking account indicated below from the _____ of each month to the _____ of each month, and the depository named below, hereinafter called DEPOSITORY, to debit the same such account. All other provisions of the Authorization Agreement for Automatic Debit Origination remain in full force and effect.

Name: _____
(please print or type)

Case No: _____

Signed: _____

Date: _____

Two-sided form – please fill out either side – DO NOT USE BOTH SIDES

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBIT ORIGINATION

I (we) hereby authorize Terry E. Smith, Chapter 13 Trustee, hereinafter called TRUSTEE, to initiate debit entries in the amount of \$_____ starting _____, and occurring on the 17th day of each month thereafter, to my (our) checking account indicated below, and the depository named below, hereinafter called DEPOSITORY, to debit the same such account. In addition, I (we) hereby authorize TRUSTEE to debit our account for reimbursement of any fees incurred due to any returned items on my (our) account.

Please allow a minimum of 10 days to process.

Bank Name: _____
Transit/ABA (Bank Routing) No: _____
Account No: _____

Note: The Transit/ABA number is a 9 digit number that is found on the bottom left of your check, before your account number. Please do not use a deposit slip to locate this number.

This authority is to remain in full force and effect until TRUSTEE and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford TRUSTEE and DEPOSITORY a reasonable opportunity to act on it.

Name: _____ Case No: _____
(please print or type)

Signed: _____ Date: _____

PLEASE ATTACH A VOIDED CHECK BELOW:

AUTHORIZATION FOR PAYMENT CHANGE
FOR AUTOMATIC DEBIT ORIGINATION

I (we) hereby authorize Terry E. Smith, Chapter 13 Trustee, hereinafter called TRUSTEE, to change the amount of debit entries to my (our) checking account indicated below from \$_____ to \$_____, effective with the _____ payment, and the depository named below, hereinafter called DEPOSITORY, to debit the same such account. All other provisions of the Authorization Agreement for Automatic Debit Origination remain in full force and effect.

Name: _____
(please print or type)

Case No: _____

Signed: _____

Date: _____