

Deborah B. Langehennig

Chapter 13 Trustee, Western District of Texas/Austin Division

AUTHORIZATION FOR TERMINATION OF PREAUTHORIZED PAYMENTS (ACH)

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

Name (1): Name (2):	Case #:
Address:	City:
State:	Zip Code:
Phone # (Home):	Phone # (Work/Cell):
Bank Name:	Address:
City:	State:
Zip Code:	Phone #:
Transit/ABA # (9 digits):	Account #:
Signature:	Date: ____/____/20____
Signature:	Date: ____/____/20____

******At least one party to the Account designated above must sign this Authorization for Termination, whether or not 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. Trustee shall not be obligated to terminate any ACH Agreement unless this request is signed by at least one party to the account.******

Please mail original form to: **Deborah B. Langehennig, Chapter 13 Trustee**
ATTN: Finance Department
3801 Capital of Texas Hwy S., Ste. 320
Austin, TX 78704