

OFFICE OF THE CHAPTER 13 TRUSTEE, W.D.PA

RONDA J. WINNECOUR, STANDING TRUSTEE

U.S. STEEL TOWER – SUITE 3250

600 GRANT STREET

PITTSBURGH, PENNSYLVANIA 15219

TELEPHONE: (412) 471-5566

FAX: (412) 471-5470

Date: _____

To: Debtor(s)

Chapter 13 Case No.: _____

Re: Automatic Withdrawal of Chapter 13 Plan Payments

Automated bank withdrawals of monthly Chapter 13 payments are always done on the 4th day of each month.

Therefore, the funds for the Chapter 13 payments must be available on the 4th day of each month. Payments can be withdrawn from only one account.

In order to begin automatic bank withdrawals of Chapter 13 payments, please:

- 1) Sign two copies of the attached Authorization for Preauthorized Payment in the appropriate spaces.
- 2) Have the financial institution information section completed by a representative of your financial institution.
- 3) Both signed copies of your authorization for preauthorized payments with the completed Financial Institution information **MUST** be returned to our office at least thirty (30) days prior to the date of the first withdrawal from your checking account.

It is YOUR responsibility to make the payments due for each month until such paperwork is received and the automatic withdrawal is established. FAILURE TO MAKE ANY SCHEDULED PAYMENT OR ANY AUTOMATIC PAYMENT WHICH IS RETURNED FOR ANY REASON, MAY RESULT IN THE DISMISSAL OF YOUR BANKRUPTCY CASE.

IN THE EVENT THAT ANY AUTOMATIC WITHDRAWAL IS REFUSED FOR NON-SUFFICIENT FUNDS, WE WILL TERMINATE YOU FROM THIS WITHDRAWAL PROGRAM. YOU WILL NOT BE PERMITTED TO REENTER THE ACH PROGRAM. ALL FUNDS WILL HAVE TO BE PAID BY MONEY ORDER, CERTIFIED CHECK OR WAGE ATTACHMENT FOR THE REMAINDER OF THE CHAPTER 13 PLAN.

Very truly yours,

For Ronda J. Winnecour, Trustee

**AUTHORIZATION FOR PRE-AUTHORIZED PAYMENTS
DRAWN BY RONDA J. WINNECOUR, TRUSTEE
FOR MONEY DUE ON CHAPTER 13 PLAN**

The undersigned hereby requests and authorizes the honoring and charging of checks or electronic transfers drawn on the account of the undersigned listed by Ronda J. Winnecour, Chapter 13 Trustee. The signatures, if any, on any checks or drafts may be either typed or printed. If any such withdrawals, electronic or paper, are dishonored, either with or without cause and whether intentionally or inadvertently, the bank listed below shall be under no liability whatsoever even though such dishonor may ultimately contribute to the dismissal of the Chapter 13 case.

Depository on which checks are to be drawn: _____

Financial Institution Information (TO BE COMPLETED BY YOUR FINANCIAL INSTITUTION):

RTN: _____	Account Number: _____
Type: Checking _____	Savings _____
Account Holders Name(s): _____	
Financial Institution Name: _____	
Address: _____	
City: _____	State: _____ Zip: _____
Financial Institution Representative Name: _____	
Representative Signature: _____	Date: _____
Phone: _____ - _____ - _____	

This authority is to remain in full force and effect until the Trustee and Bank have received written notification from myself of its termination in such time and manner as to afford the Trustee and Bank a reasonable opportunity to act on it.

(MUST BE SIGNED BY ALL ACCOUNT HOLDER, EVEN IF NOT INVOLVED IN BANKRUPTCY FILING)

Bankruptcy Case Number: _____ **Plan Payment Amount:** _____/per month

Name: _____ **Name:** _____
(Please print) (Please print)

Signed: _____ **Signed:** _____

Date: _____ **Date:** _____

By initialing this line the debtor(s) verify that his/her source of income is Social Security: _____
(Initials)

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