

OFFICE OF THE CHAPTER 13 TRUSTEE
CHRISTOPHER MICALE, TRUSTEE

**AUTHORIZATION FOR TRUSTEE'S OFFICE
TO ASSIST WITH EPAY CHANGES**

Case Number: _____

Name of Debtor 1: _____ Last four of Social Security Number: _____

Name of Debtor 2: _____ Last four of Social Security Number: _____

I hereby authorize the Chapter 13 Trustee's office and any member of its staff to assist me in changing my account information in the ePay website. I understand this authority may result in money being debited from my checking or savings account.

Limitations on this authorization are as follows:

1. The Trustee's office will not assist me to make any changes until I successfully enroll on the ePay website.
2. The Trustee's office will not assist me in making any changes unless I first provide the password below.
3. The Trustee's office will not assist me in making any changes inconsistent with the latest court order establishing the amount and frequency of the Plan payment.
4. The Trustee's office will not assist me in changing a bank account number or routing number until I provide a copy of a voided check or deposit ticket reflecting my ownership interest in the new bank account.

Printed Name

Printed Name

Signature

Signature

Date:

Date:

Password for Debtor 1: _____

Debtor 1 password reminder security question: _____

Password for Debtor 2: _____

Debtor 2 password reminder security question: _____