

Christopher Micale, Chapter 13 Trustee
15 Salem Ave SE Ste 300
Roanoke, VA 24011

AUTHORIZATION FOR ELECTRONIC DISBURSEMENTS
REFER TO <https://ch13wdva.com/eft.html> FOR INSTRUCTIONS

Primary Creditor Name (Please Print): _____

*Primary Check Address: _____

***Please use the address for check processing by the creditor to be paid to the routing and account number listed below. Please note that you will receive separate EFT deposits for each name/address variation. If needed, please attach a list of additional check processing addresses.**

Bank Information:

Bank Name: _____

Bank Address: _____

Account Name: _____

EFT Routing Transit Number: _____ Account Number: _____

Account Type: (must mark only one) Checking Savings General Ledger Loan

Voucher Information: Vouchers can be accessed in the following ways; please indicate if you would like to have access through our office.

Email: "Send-Voucher-to" Email address (We recommend a central address, up to three can be provided)
Email(s): _____

Please provide a password to unlock the voucher image that will be emailed each month: _____

13 Network: We will provide a single password for all creditor names and addresses provided above.

National Data Center is another way to access the vouchers. NDC is a subscription that is set up and paid for by you at www.NDC.org.

Christopher Micale, Standing Chapter 13 Trustee, hereafter called TRUSTEE, is hereby authorized to initiate credit entries to the account indicated above. This authority is to remain in full force and effect until TRUSTEE has received written notification from me or other authorized representative of its termination in such time and in such manner as to afford TRUSTEE a reasonable opportunity to act on it. This authorization will terminate if TRUSTEE discontinues the Electronic Creditor Disbursement Program.

Authorizing Signature (Must be executive staff member)

Telephone Number

(Print Name)

Authorizing Signature Email Address

Title

Dual Control Account Verification Information:

Note: The information entered below is for the purpose of dual verification of a test deposit that will be initiated by the Trustee. The contact information entered here will not be used as an alternate address for voucher emails.

EFT Processor Name: _____ Title: _____

EFT Processor Email Address: _____

SAVE THIS FORM TO YOUR DESKTOP,
AND CONTINUE WITH THE INSTRUCTIONS TO REGISTER AT www.bkdocs.us