YVONNE V. VALDEZ

Chapter 13 Trustee

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AUTHORIZATION FOR ELECTRONIC DISBURSEMENTS

CREDITOR REQUESTING ELECTRONIC DISBU	
	For Trustee Office Use:
	Creditor Number:
Your Bank Name:	
Bank Address:	
EFT Coordinator (Bank Contact):	
Name:	
Title:	For Trustee Office Use:
Phone:	Verified by:
Email:	Date:
Account Information:	
Routing Transit Number:	
Account Name:	
Account Number:	
necessary, debit entries and adjustments for any credi remain in full force and effect until TRUSTEE has reits termination in such time and in such manner as to authorization will terminate if TRUSTEE discontinue acknowledge receipt of funds. Any return of funds,	"TRUSTEE", is hereby authorized to initiate credit entries, and if entries in error, to the account indicated above. This authority is to eived written notification from me or other authorized representative of frod TRUSTEE a reasonable opportunity to act on it. This the Electronic Creditor Disbursement Program or if creditor fails to fracessary, will not be accepted electronically.
Authorizing Signature	
Print Name	For Trustee Office Use:
	Verified by:
Title	Date:
Telephone Number	L
Email Address	