

**MARK W. SWIMELAR**  
**Standing Chapter 12 & 13 Trustee**  
**Northern District of New York**  
**Syracuse/Utica Division**

Lynn Harper Wilson  
Staff Attorney

Maxsen Champion  
Staff Attorney

Mail payments to:	P. O. Box 1633, Memphis, TN 38101-1633
Correspondence address:	250 S. Clinton Street Suite 203, Syracuse, NY 13202
Telephone:	(315) 471-1499
Facsimile:	(315) 471-4811
Trustee Website:	<a href="http://www.cnytrustee.com">www.cnytrustee.com</a>
Email:	trustee@cnytrustee.com

**AUTOMATIC DEBIT**

The Trustee offers a way to make monthly Chapter 13 payments. We have the capability of automatically debiting your checking account each month for the amount of your Plan payment. The service may benefit you because:

- You won't have the worry about remembering to send your payments each month;
- You will save time and money since you won't have to run out to purchase and mail a money order or cashier's check each month; and
- **Most importantly, you'll never have to worry about being behind in your Plan payments.**

Should you wish to participate in this program, please return the completed authorization form to our office. **You may choose either the 5<sup>th</sup> or the 17<sup>th</sup> day of the month for your payment to be debited, regardless of your actual payment due date.** Please note the authorization form has two possible dates for debiting payments, please circle either the 5<sup>th</sup> or the 17<sup>th</sup> of the month. Please attach a voided check to the authorization form. We cannot process debits without first receiving a voided check. After the Trustee receives the authorization form, he will send a written notification that will notify you of the date on which the automatic debits will commence.

In the event the amount of your Plan payment changes during the life of your plan, you will receive notice from the Trustee together with an authorization for payment changes which you will need to complete and return to our office.

If at any time an automatic payment is returned, you will be notified in writing. You will then be required to make the missed payment using a money order or cashier's check. You will also be required to reimburse our office for any fees our bank may charge. If an automatic payment is returned a second time, the agreement will be terminated, and this service will no longer be available to you. All future payments must thereafter be made in the form of a money order or cashier's check.

Once this service is established, there are three ways to **terminate** the automatic debit:

1. Your case is dismissed, converted to another chapter of the bankruptcy code, or upon completion of all Plan payments;
2. You automatic payment is returned more than once; or
3. You voluntarily terminate the agreement. There is a termination form attached to this letter. Please keep the

termination form for future use. Once the Trustee received a signed termination form, he will immediately terminate the automatic debits from your checking account and you then must go back to making all future payments via money order or cashier's check. Once you voluntarily terminate this service, the procedure cannot be reestablished. You must make all future Plan payments by money order or cashier's check.

If you have any questions regarding this program, please call our office and speak with someone in the Accounting Department.

**PLEASE SEND THE AUTHORIZATION TO THE CORRESPONDENCE ADDRESS-**

**Mark W. Swimelar, Chapter 13 Trustee  
250 S. Clinton St #203  
Syracuse, NY 13202**

**MARK W. SWIMELAR**  
**Standing Chapter 12 & 13 Trustee**  
**Northern District of New York**

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**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBIT ORIGINATION**

I (we) hereby authorize the Chapter 13 Trustee, herein after called TRUSTEE, to initiate debit entries occurring on the (Circle one) **5<sup>th</sup>** or **17<sup>th</sup>** day of each month thereafter,  
(if plan payments change over the life of the plan, please indicate the amount and month for each deduction)

in the amount of \$ _____ (monthly amount)	starting _____, (month/yr)
\$ _____ (monthly amount)	starting _____, (month/yr)
\$ _____ (monthly amount)	starting _____, (month/yr)
\$ _____ (monthly amount)	starting _____, (month/yr)
\$ _____ (monthly amount)	starting _____, (month/yr)

to my (our) checking account indicated below, and the depository named below, hereinafter called DEPOSITORY, to debit the same such account. In addition, I (we) hereby authorize the TRUSTEE to debit our account for reimbursement of any fees incurred due to any returned items on my (our) account.

**Please allow a minimum of ten (10) days to process.**

Bank Name: \_\_\_\_\_

Transit / ABA (Bank Routing) No: \_\_\_\_\_

Account No: \_\_\_\_\_

Note: The Transit/ABA number is a nine (9) digit number that is found on the bottom left of your check, before your account number. Please do not use a deposit slip to locate this number.

The authority is to remain in full force and effect until the TRUSTEE and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as afford the TRUSTEE and DEPOSITORY a reasonable opportunity to act on it.

Case no.: \_\_\_\_\_ Debtor(s) Name \_\_\_\_\_  
(Printed)

Debtor Name: \_\_\_\_\_  
(Signature required)

Joint Debtor Name: \_\_\_\_\_  
(Signature required)

Date: \_\_\_\_\_

Your phone number: \_\_\_\_\_ or email address: \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK BELOW:**

**MARK W. SWIMELAR**  
**Standing Chapter 12 & 13 Trustee**  
**Northern District of New York**  
**Utica Division**

Lynn Harper Wilson  
Staff Attorney

Maxsen Champion  
Staff Attorney

**AUTHORIZATION FOR TERMINATION OF AUTOMATIC DEBIT ORIGATION**

I (we) hereby authorize the Chapter 13 Trustee to **terminate debit entries** from my (our) checking account indicated below, and the depository named below to terminate debit entries from the same such account.

Bank Name: \_\_\_\_\_

Routing No: \_\_\_\_\_

Account No: \_\_\_\_\_

Name: \_\_\_\_\_ Case No: \_\_\_\_\_  
(please print or type)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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Facsimile  
Trustee Website:  
Email:

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