

**OFFICE OF THE CHAPTER 13 TRUSTEE
DAVID Wm. RUSKIN**

26555 Evergreen Road
Suite 1100
Southfield, Michigan 48076-4251
Phone (248) 352-7755 / Facsimile (248) 352-2902

AUTHORIZATION FOR TERMINATION OF PREAUTHORIZED PAYMENTS (ACH)

I (we) hereby authorize David Wm. Ruskin, Chapter 13 Trustee, to terminate debit entries from my (our) account indicated below, and the bank indicated below.

Name:	Case #:
Address:	City:
State:	Zip Code:
Phone # (Home):	Phone # (Work):
Bank Name:	Address:
City:	State:
Zip Code:	Phone #:
Transit/ABA #:	Account #:
Signature:	Date: ____/____/20__
Signature:	Date: ____/____/20__

All parties to the Account designated above must sign this Authorization for Termination, whether or not such party is a Debtor in Bankruptcy. By signing this Authorization for Termination, each party agrees to be individually bound by this Authorization for Termination and by the terms of the Rules of Participation of the Automatic Bank Draft Program. Trustee shall not be obligated to terminate any ACH Agreement unless this request is signed by all parties to the account.

Please mail form to: **David Wm. Ruskin, Chapter 13 Trustee
26555 Evergreen Road, Suite 1100
Southfield, Michigan 48076-4251
ATTN: Finance/ACH**