

**MARY IDA TOWNSON  
STANDING CHAPTER 13 TRUSTEE  
191 PEACHTREE STREET, N.E.  
SUITE 2200  
ATLANTA, GEORGIA 30303-1740  
(404) 525-1110**

**AUTHORIZATION FOR ELECTRONIC DISBURSEMENTS**

**PAYEE REQUESTING ELECTRONIC DISBURSEMENTS**

Payee Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payee Coordinator (Payee Contact):  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

**PAYEE BANK INFORMATION**

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

ACH Coordinator (Bank Contact):  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

**ACCOUNT INFORMATION**

Routing Transit Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Type (Checking / Savings): \_\_\_\_\_

Mary Ida Townson, Standing Chapter 13 Trustee, hereinafter 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 manner as to afford TRUSTEE a reasonable opportunity to act on it. This authorization will terminate if TRUSTEE discontinues the electronic Payee Disbursement Program. TRUSTEE reserves the right to discontinue the Payee Disbursement Program at any time without further notice to Payee.

\_\_\_\_\_  
Payee Authorizing Signature                      Date  
  
\_\_\_\_\_  
(Print Name)  
  
\_\_\_\_\_  
Title  
  
\_\_\_\_\_  
Telephone Number  
  
\_\_\_\_\_  
Email Address

*(TRUSTEE USE ONLY)*

Verified By: \_\_\_\_\_  
Date: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_