

**Michael G. Malaier**  
**CHAPTER 13 TRUSTEE**

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2122 Commerce Street | Tacoma, Washington 98402 | p: (253) 572-6600 | f: (253) 650-0580 | www.chapter13tacoma.org

**AUTHORIZATION FOR ACH DISBURSEMENTS**

**Creditor Name:** \_\_\_\_\_

**Creditor Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your Bank Name:** \_\_\_\_\_

**Bank Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Account Name:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

Please provide a Chapter 13 case number in which you are a party in interest:

**Case Number:** \_\_\_\_\_

**Michael G. Malaier, 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 Electronic Creditor Disbursement Program.**

**Please return the completed and signed form to:**      **Michael G. Malaier, Trustee**  
2122 Commerce Street  
Tacoma, WA 98402

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**Authorizing Signature**

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**Print Name**

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**Telephone Number**

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**Email Address**