

Michael G. Malaier
CHAPTER 13 TRUSTEE

5219 N. Shirley Street, Suite 101 | Ruston, Washington 98407 | p: (253) 572-6600 | f: (253) 650-0580 | www.chapter13tacoma.org

AUTHORIZATION FOR ACH DISBURSEMENTS

Attorney Name: _____

Attorney 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**
5219 N. Shirley Street, Suite 101
Ruston, WA 98407

Authorizing Signature

Print Name

Telephone Number

Email Address