

**MELISSA J. DAVEY**  
**STANDING CHAPTER 13 TRUSTEE**  
*NORTHERN DISTRICT OF GEORGIA*  
**260 PEACHTREE STREET N.W. – Suite 200**  
**ATLANTA, GEORGIA 30303-1665**  
**(678) 510-1444**

**AUTHORIZATION FOR ELECTRONIC DISBURSEMENTS**

Payee Requesting Electronic Disbursement:

Payee Name: \_\_\_\_\_  
Payee Tel. Number: \_\_\_\_\_  
Payee Address: \_\_\_\_\_

\_\_\_\_\_

Email address for voucher \_\_\_\_\_

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

ACH Coordinator – (Bank Contact):  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_

Account Information

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

**\*Please include voided check or bank letter that matches the institution and includes bank account information.**

Melissa J. Davey, Chapter 13 Standing 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 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.

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

Verified by: \_\_\_\_\_

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