

REQUEST FOR CHANGE IN ACH WITHDRAWAL

Debtor (s) name _____

Case # _____

REASON FOR CHANGE IN ACH WITHDRAWAL:

Amended Plan

Order Modifying Plan

Agreed Order Retaining Case

New Monthly Plan Payment Amount \$_____, and Effective Date of Plan Payment Change _____.

Other: _____

AMOUNT TO BE DEDUCTED:

New ACH Deduction Amount: _____ Monthly

If your Bank Account number changes, or if you change banks or bank account, you must submit a new ACH Agreement to the Trustee.

This request for a change in the amount of your ACH Withdrawal must be received no later than the 1st day of the month of the Plan payment change.

Submitted By: _____
Debtor's (s') Attorney

Please send Request to

Carrie Wolf (carrie@ch13austin.com)

Fax number: (512) 916-9234