

**Diana S. Daugherty**  
**Standing Chapter 13 Trustee**  
**P.O. Box 430908**  
**St. Louis, MO 63143**  
**(314)781-8100**

**AUTHORIZATION FOR ELECTRONIC DISBURSEMENTS**

Attorney Requesting Electronic Disbursement

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Account Information

Name on Account: \_\_\_\_\_

Routing Transit Number: \_\_\_\_\_

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

Account Type:                      Checking \_\_\_\_\_                      Savings \_\_\_\_\_

Diana S. Daugherty, 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 upon it. This authorization will terminate if Trustee discontinues the Electronic Creditor Disbursement Program.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Verified (For Use by Trustee's Office)

\_\_\_\_\_  
Date Verified (For Use by Trustee's Office)