

OFFICE OF THE CHAPTER 13 STANDING TRUSTEE – DETROIT
DAVID WM. RUSKIN, CHAPTER 13 TRUSTEE

**AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)
OF TRUSTEE DISBURSEMENTS**

This Agreement is between David Wm. Ruskin, as Chapter 13 Standing Trustee (“Payor”), and the undersigned party (“Payee”).

Payor is hereby authorized to initiate credit entries to the account indicated below by the Payee. Payee may cancel at any time by submitting an “EFT Termination Form,” found on the Forms page of the Payor’s website at www.det13.com. Payor may likewise cancel this Agreement at any time by notice to Payee.

Any changes in Payee’s information in this Agreement must be reported to Payor immediately. Changes must be in writing and signed by an authorized agent of Payee. Payor shall disregard **any** request for a change that does not comply with this requirement. Payee agrees to indemnify, protect and hold harmless Payor, his agents, servants, employees, and all persons acting on behalf of the Payor from any claim, liability or damages whatsoever, including, but not limited to, bank fees, court costs, attorneys' fees and interest, however caused, arising directly or indirectly out of the implementation, operation, interpretation or termination of this Agreement or any failure of or delay in any of the foregoing.

Please select ONE option, as listed below, to receive EFT information:

- Please update our 13Network account, with the User ID indicated below, to view voucher information.

13 Network USER I.D.: _____

- Please establish a second 13Network account to view vouchers. Enclosed is a new 13Network Agreement from the Forms page of www.det13.com.

- Please email our EFT Vouchers to the email addresses below.

Email Addresses for EFT Vouchers: _____

- We will obtain our payment information via the National Data Center at www.ndc.org

Payment vouchers contain private information. Payee Agrees that it is the Payee’s responsibility to keep 13Network, NDC and/or email account information secure.

PAYEE BANKING INFORMATION

Payee Name		
Trade Name (if different)		
Street Address, City State Zip		
Contact Person for EFT		
EFT Contact Phone Number		
Transit/ABA #		
Account #		
Account Type	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

Bank Name	
Bank Address	
City, State, ZIP Code	
Bank Contact Name	
Bank Contact Title	
Bank Contact Phone Number	

PLEASE ATTACH A CANCELLED CHECK OR CONFIRMATION FROM THE FINANCIAL INSTITUTION INDICATING THE ABA NUMBER AND ACCOUNT NUMBER INTO WHICH THE FUNDS ARE TO BE DEPOSITED

Payee Name

Trustee Signature

Authorizing Signature

Approval Date

Print Name (if different from Payee Name)

Title

Email Address

RETURN BOTH PAGES TO:

Office of Ch 13 Standing Trustee, David Wm. Ruskin
Attn: Finance/EFT
26555 Evergreen Suite 1100
Southfield MI 48076-4251

For 13Network Questions email: rich.collins@det13.com, or call 248-359-6374.

For EFT Questions email: staci.mcwilliams@det13.com, or call 248-359-6391.