

**WAYNE GODARE**  
Chapter 13 Bankruptcy Trustee  
District of Oregon - Portland  
222 SW Columbia - Suite 1700  
Portland, OR 97201-5608  
(503) 972-6300  
FAX (503) 972-6313  
[www.portland13.com](http://www.portland13.com)

**AUTHORIZATION FOR ELECTRONIC DISBURSEMENTS**

**Creditor Requesting Electronic Disbursement:**

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

Creditor Number: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

**ACH Coordinator - (Bank Contact):**

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

Title: \_\_\_\_\_

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

For Trustee's Office Use Only
Verified: _____
Date: _____

**Account Information**

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

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

**\*\*PLEASE ATTACH A VOIDED CHECK\*\***

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

Wayne Godare, 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 in such manner as to afford TRUSTEE a reasonable opportunity to act on it. This authorization will terminate if TRUSTEE discontinues the Electronic Creditor Disbursement Program.

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

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

\_\_\_\_\_  
Title

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

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

For Trustee's Office Use Only
Verified: _____
Date: _____