Standing Chapter 13 Trustee
6851 N.E. Loop 820, Suite 300
N. Richland Hills, Texas 76180

(817) 770-8500 (Phone)
(817) 498-1362 (Fax)

WAGE DIRECTIVE INFORMATION

Circle One **New/Change**

Notes to Debtor(s): If you wish to have your Chapter 13 plan payments deducted from your wages, please complete this form and return a copy to the trustee's office. Indicate the amount to be withheld from **each paycheck**. If payments are to be deducted from each spouse's wages, you must fill out a separate form for each spouse, and provide one-half of the deduction from each spouse. **YOU MUST CONTINUE TO SEND THE MONTHLY PAYMENTS TO THE CHAPTER 13 TRUSTEE UNTIL YOUR EMPLOYER BEGINS THE DEDUCTIONS FROM YOUR PAYCHECK, OR IN THE EVENT YOU CHANGE EMPLOYERS, OR IN THE EVENT YOUR EMPLOYER STOPS MAKING DEDUCTIONS FOR ANY REASON.**

Chapter 13 Case Number: _____ Social Security No: _____

Debtor/Employee Name:_____

Employer Name and Mailing Address:_____

_____
(Street Address) (City) (State) (Zip Code)

Emplyoyer Contact Name:_____**Phone Number:**_____
Fax No.:_____

A. Debtor Proposed a monthly plan payment of $_____

B. Debtor is paid (please circle): Weekly Semi-montly Bi-weekly Montly

- If debtor is paid weekly, divide payment amount by 4.333
- If debtor is paid semi-monthly, divide payment amount by 2
- If debtor is paid by-weeekly, divide plan payment amount by 2.167
- If debtor is paid monthly, divide plan payment amound by 1

C. Amount to be deducted from each paycheck: $_____
(This must be an even dollar amount - round any cents up to the next whole dollar)

I authorize the above-stated wage deductions by my employer to pay my Chapter 13 Plan beginning OR no sooner than _____(month/year).

*****(Please allow a minimum of 30 day from date submitted)*****

Debtor's signature:_____**Date:**_____
Phone Number: Circle one Home/Business/Cell_____

341 Meeting/Dismissal/Modification/Legal/Other