

OFFICE OF THE STANDING CHAPTER 13 TRUSTEE

TOM POWERS, TRUSTEE

125 E. John Carpenter Freeway, Suite 1100

Irving, Texas 75062

Phone: 214-855-9200 Fax: 214-965-0755

ATTN: WAGE DIRECTIVE APPLICANTS

You are required to make your Chapter 13 payments via payroll deduction if you filed on or after October 17, 2005 or if you are required to do so by the Trustee's Office.

To implement the payroll deduction you must complete the Wage Directive Information Sheet and return it to the Trustee's office. The Trustee's Office will then send a Wage Directive to your employer's payroll department instructing them to deduct your Chapter 13 Trustee payments from your pay. Copies of the Directive are also sent to you and your attorney. The payroll deduction usually begins the pay period after your employer receives the Wage Directive.

If the case is a joint filing, you may choose to have the payroll deductions taken from one or both debtors' paychecks.

The payroll deductions continue until termination of your employment or notice from the Trustee to your employer to stop the deductions. If you wish to stop the payroll deductions, you or your attorney must submit a written request to the Trustee's Office. A mandatory Wage Directive cannot be terminated unless the case has been completed, converted or dismissed.

NOTE: You are required to make your 1st monthly payment to the Trustee by cashier's check or money order.

Until your payroll deduction begins, you must send payments in the amount that should have been deducted from your paycheck. (For example, if you are paid weekly and the weekly deduction is \$50.00, mail a cashier's check or money order for \$50.00 each week until the payroll deduction begins.) A Notice of Intent to Dismiss may be filed with the court if the Trustee's Office does not receive timely payments.

PAYMENTS ARE NOT ACCEPTED AT THE TRUSTEE'S PHYSICAL LOCATION.

ALL PAYMENTS MUST BE MAILED TO:

**TOM POWERS CHAPTER 13 TRUSTEE
P.O. BOX 1958
MEMPHIS, TN 38101-1958**

WAGE DIRECTIVE INFORMATION SHEET

Standing Chapter 13 Trustee
125 E. John Carpenter Freeway, Suite 1100
Irving, Texas 75062
Phone: 214-855-9200 Fax: 214-965-0755

Case No. _____ Total Monthly Plan Payment Amount \$ _____

Attorney _____

***** ATTACH A COPY OF THE MOST RECENT PAYSTUB FOR EACH DEBTOR *****

Debtor #1 Name _____

Portion of monthly payment to be paid by Debtor #1 \$ _____

Debtor #1 Employer _____

Payroll address _____

P.O. Box or Street Address

City

State

Zip

Employer Payroll Contact _____

Name

Phone Number

**Debtor #1 is Paid
(circle one)**

**Divide Debtor #1
Monthly Payment by**

**Amount Deducted
from Each Paycheck**

weekly

4.33

\$ _____

bi-weekly (every 2 weeks)

2.16

\$ _____

semi-monthly (2 times a month)

2.00

\$ _____

monthly (once a month)

N/A

\$ _____

BY SIGNING BELOW, I AUTHORIZE DEDUCTIONS BY MY EMPLOYER TO PAY MY CHAPTER 13 PLAN.

Debtor #1 Signature _____

Debtor #2 Name _____

Portion of monthly payment to be paid by Debtor #2 \$ _____

Debtor #2 Employer _____

Payroll address _____

P.O. Box or Street Address

City

State

Zip

Employer Payroll Contact _____

Name

Phone Number

**Debtor #2 is Paid
(circle one)**

**Divide Debtor #2
Monthly Payment by**

**Amount Deducted
from Each Paycheck**

weekly

4.33

\$ _____

bi-weekly (every 2 weeks)

2.16

\$ _____

semi-monthly (2 times a month)

2.00

\$ _____

monthly (once a month)

N/A

\$ _____

BY SIGNING BELOW, I AUTHORIZE DEDUCTIONS BY MY EMPLOYER TO PAY MY CHAPTER 13 PLAN.

Debtor #2 Signature _____