

DEBTOR'S REQUEST FOR EMPLOYER WAGE DEDUCTION

Date: _____

Case No.: _____

SSN: _____

I, _____, would like to request an Employer Wage Deduction to be
(Name)
taken from His _____ Hers _____ Both _____ check(s).

My present employer is:

Employer name: _____

Employer Payroll Address: _____

City _____ State _____ Zip _____

Payroll Department Phone No. _____

Payroll Department Fax No. _____

Contact Person _____

I understand the process of preparing the motion, receiving and mailing the order to my employer takes approximately 4-6 weeks. Until my Employer Wage Deduction begins or should my employer be unable to deduct any payments, I am responsible for any and all payments to be remitted to Standing Chapter 13, Trustee at P. O. Box 734, Tyler, TX 75710. Failure to remit any payments may result in dismissal of my case. Any questions regarding wage withholding may be directed to the Wage Withholding Department at (903) 593-7777 or faxed to (903) 597-1313.

Debtor signature

Joint debtor signature

**PLEASE MAIL COMPLETED FORM TO:
110 N. COLLEGE AVENUE, 12TH FLOOR, TYLER, TX 75702**