

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF VERMONT**

In re:

**Case # xx-xxxxx
Chapter 13**

Debtor(s).

Wage Withholding Authorization/Consent to Automatic Debits from Bank Account

Part A: Wage Withholding Authorization - Debtor

Debtor's Name: _____ Income from Employment? ____ Yes ____ No

If no, proceed to Part B Automatic Debits from Bank Account

If yes, complete the following

Amount employer is to deduct per pay period: \$ _____

Debtor's Employer: _____ Telephone #: _____

Employer's Address: _____

I hereby consent to the Court's entry of an order instituting wage withholding from my/our employer(s) for the purpose of making Chapter 13 plan payments during the term of the plan confirmed in this case.

I authorize the Chapter 13 Trustee, Jan M. Sensenich, to contact the employer(s) who is/are withholding wages to modify the amount of the withholding to comport with any modification or amendment of the plan approved by the Court, without our further and separate authorization or Order, provided that the Trustee provides our attorney with notice at the same time as he communicates that request to the employer(s).

Debtor's signature: _____ Date: _____

Wage Withholding Authorization – Joint Debtor

Joint Debtor's Name _____ Income from Employment? ____ Yes ____ No

If no, proceed to Part B Automatic Debits from Bank Account

If yes, complete the following

Amount employer is to deduct per pay period: \$ _____

Joint Debtor's Employer: _____ Telephone #: _____

Employer's Address: _____

The Debtor(s) must file this form with the Chapter 13 plan. See Standing Order # 10-03.

I hereby consent to the Court's entry of an order instituting wage withholding from my/our employer(s) for the purpose of making Chapter 13 plan payments during the term of the plan confirmed in this case.

I authorize the Chapter 13 Trustee, Jan M. Sensenich, to contact the employer(s) who is/are withholding wages to modify the amount of the withholding to comport with any modification or amendment of the plan approved by the Court, without our further and separate authorization or Order, provided that the Trustee provides our attorney with notice at the same time as he communicates that request to the employer(s).

Joint Debtor's signature: _____ Date: _____

Part B Automatic Debits from Bank Account

I am /we are not able to authorize direct wage withholding because I/we do not have income from an employer.

I/we hereby agree to make plan payments in the amount of \$_____ per month by automatic debit from a bank account using ACH transfer or similar means, and understand that the Court will enter an order directing that plan payments be made by automatic debit from a bank account. I/we will contact the Chapter 13 Trustee for the pertinent bank routing information within one (1) week of the date of this form.

Debtor's signature: _____ Date: _____

Joint Debtor's signature: _____ Date: _____