

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF VERMONT**

In re:

Debtor(s).

Chapter 13
Case # _____

**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's name: _____ Employer's 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 confirmed plan 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 Court-approved modification or amendment of the plan, without our further and separate authorization or Order, provided the chapter 13 trustee gives notice to our attorney at the same time as he communicates that request for modification of the withholding amount 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: \$ _____

Debtor's employer's name: _____ Employer's 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 confirmed plan 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 Court-approved modification or amendment of the plan, without our further and separate authorization or Order, provided the chapter 13 trustee gives notice to our attorney at the same time as he communicates that request for modification of the withholding amount 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, \$ _____ per week, or \$ _____ bi-weekly, by automatic debit from a bank account using ACH transfer or similar means, and understand 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 week of the date of this form.

Debtor's signature: _____ Date: _____

Joint Debtor's signature: _____ Date: _____

THE DEBTOR(S) MUST FILE THIS FORM WITH THEIR CHAPTER 13 PLAN

See Vt. LBR 1007-1(1); see also Vt. LBR 3015-6(c)