

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF VERMONT**

In re:

**Case # xx-xxxxx
Chapter 13**

Debtor(s).

Plan Payment Authorization

for Wage Withholding, TFS BillPay Deduction, or Automatic Debits from Bank Account

Part A: Authorization for Wage Withholding - Debtor

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

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 Chapter 13 Trustee provides our attorney with notice at the same time as he communicates that request to the employer(s).

Debtor's signature: _____ Date: _____

Authorization for Wage Withholding – Joint Debtor

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

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

Joint 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 Chapter 13 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 Authorization for Deduction through TFS Billpay

I/we prefer not to use wage withholding because I/we have concerns about if and how my/our employer(s) may respond, or because _____.

Therefore, I/we hereby agree to make plan payments in the amount of \$_____ per month through the TFS Billpay system, and to establish this account within one week. I/we understand the Court will enter an order directing that plan payments be made through the TFS Billpay system, until the Trustee notifies TFS to stop the deductions.

I/we will provide the Chapter 13 Trustee with the TFS account number within one week of the date of this form.

Debtor's signature: _____ Date: _____

Joint Debtor's signature: _____ Date: _____

Part C Automatic Debits from Bank Account

I am/we are not able to authorize wage withholding or TFS because I/we ___ do not have income from an employer or because _____.

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 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(l).