VTB Form Y-8

2/20

**UNITED STATES BANKRUPTCY COURT**

**DISTRICT OF VERMONT**

**In re:**

**Case # xx-xxxxx**

**Chapter 13**

**Debtor(s).**

**Plan Payment Authorization**

**for Wage Withholding, E-Wage Withholding, or Automatic Debits from Bank Account**

**Part A: Authorization for Direct Wage Withholding - Debtor**

Debtor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Income from Employment? \_\_\_\_Yes \_\_\_\_No

If no, proceed to Part C Automatic Debits from Bank Account. If yes, complete the following or Part B

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 Direct Wage Withholding – Joint Debtor**

Joint Debtor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Income from Employment? \_\_\_\_Yes \_\_\_\_No

If no, proceed to Part C Automatic Debits from Bank Account. If yes, complete the following or Part B.

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 eWage Deduction, Through TFS Billpay**

I/we prefer not to use direct wage withholding because I/we have concerns about if and how my/our employer(s) may respond. I/we are comfortable, however, having my/our plan payment come directly from my/our wages if it can be done without notifying my/our employer.

Therefore, I/we hereby agree to make plan payments in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_ per month by eWage Deduction 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 via eWage Deduction 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 eWage 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 direct wage withholding or TFS 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 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).