

Date: \_\_\_\_\_

Sally J. Zeman  
Chapter 13 Trustee  
P.O. Box 1169  
Denver, CO 80201  
303-830-1971  
FAX 303-830-1973  
Attention: Susan

Re:  
Chapter 13 Case #: \_\_\_\_\_  
Debtor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_

Attorney for Debtor:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_

The above named debtor hereby requests that the monthly Chapter 13 payment of \$ \_\_\_\_\_ be made by payroll deduction from the pay checks of \_\_\_\_\_, husband / wife (please circle one), Social Security #XXX-XX-\_\_\_\_\_.

The Payroll Order generated by this request will be sent to your employer at the address below:

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attention: \_\_\_\_\_  
\_\_\_\_\_

Employer telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**I understand that I am responsible for making the plan payments until the payroll order takes effect.** I also understand that if I change employment I must resume making all plan payments. I additionally understand that it is my responsibility to inform my employer and the trustee of any plan amendment which changes the amount of my monthly payment and **to independently make my bankruptcy plan payments whenever the need arises.** I further understand that if I want a payroll order issued from the court I must return this form to the Trustee. In addition, I acknowledge that my employer will determine when deductions are withheld from my payroll checks.

I hereby verify that I am requesting a payroll order as described above and agree with all the terms of this request.

\_\_\_\_\_  
Debtor