

**OFFICE OF THE STANDING CHAPTER 13 TRUSTEE**

**TOM POWERS, TRUSTEE**

105 Decker Ct, Suite 1150

Irving, Texas 75062

Phone: 214-855-9200 Fax: 214-965-0755

**ATTN: WAGE DIRECTIVE APPLICANTS**

**You are required to make your Chapter 13 payments via payroll deduction if you filed on or after October 17, 2005.**

To implement the payroll deduction you must complete the Wage Directive Information Sheet and return it to the Trustee's office. The Trustee's Office will then send a Wage Directive to your employer's payroll department instructing them to deduct your Chapter 13 Trustee payments from your pay. Copies of the Directive are also sent to you and your attorney. The payroll deduction usually begins the pay period after your employer receives the Wage Directive.

If the case is a joint filing, you may choose to have the payroll deductions taken from one or both debtors' paychecks.

The payroll deductions continue until termination of your employment or notice from the Trustee to your employer to stop the deductions. A Wage Directive cannot be terminated unless the case has been completed, converted or dismissed. If extenuating circumstances necessitate stopping the payroll deductions, your attorney must submit a written request to the Trustee.

**NOTE: You are required to make the first two monthly payments to the Trustee by cashier's check or money order.**

Your payroll deduction will begin in the third month. It should be deducted from every paycheck you receive during that month and every month thereafter. If there is a delay in the start-up of the deduction, you must mail a payment for the amount that should have been deducted from your paycheck. (For example, if you are paid weekly and the weekly deduction is \$50.00, mail a cashier's check or money order for \$50.00 each week until the payroll deduction begins.) A Notice of Intent to Dismiss may be filed with the court if the Trustee's Office does not receive timely payments.

**PAYMENTS ARE NOT ACCEPTED AT THE TRUSTEE'S PHYSICAL LOCATION.**

**ALL PAYMENTS MUST BE MAILED TO:**

**TOM POWERS CHAPTER 13 TRUSTEE**

**P.O. BOX 1958**

**MEMPHIS, TN 38101-1958**

# WAGE DIRECTIVE INFORMATION SHEET

MUST BE MAILED OR FAXED TO:  
**Standing Chapter 13 Trustee**  
105 Decker Ct, Suite 1150, Irving, Texas 75062  
Phone: 214-855-9200 Fax: 214-965-0755

Case No. \_\_\_\_\_ Total Monthly Plan Payment Amount \$ \_\_\_\_\_

Attorney \_\_\_\_\_

**\*\*\* ATTACH A COPY OF THE MOST RECENT PAYSTUB FOR EACH DEBTOR \*\*\***

**Debtor #1 Name** \_\_\_\_\_

**Portion of monthly payment to be paid by Debtor #1 \$** \_\_\_\_\_

**Debtor #1 Employer** \_\_\_\_\_

Payroll address \_\_\_\_\_

P.O. Box or Street Address

City

State

Zip

Employer Payroll Contact \_\_\_\_\_

Name

Phone Number

Fax Number

**Debtor #1 is Paid  
(circle one)**

**Divide Debtor #1  
Monthly Payment by**

**Amount Deducted  
from Each Paycheck**

weekly

4.33

\$ \_\_\_\_\_

bi-weekly (every 2 weeks)

2.16

\$ \_\_\_\_\_

semi- monthly (2 times a month)

2.00

\$ \_\_\_\_\_

monthly (once a month)

N/A

\$ \_\_\_\_\_

**BY SIGNING BELOW, I AUTHORIZE DEDUCTIONS BY MY EMPLOYER TO PAY MY CHAPTER 13 PLAN.**

Debtor #1 Signature \_\_\_\_\_

**Debtor #2 Name** \_\_\_\_\_

**Portion of monthly payment to be paid by Debtor #2 \$** \_\_\_\_\_

**Debtor #2 Employer** \_\_\_\_\_

Payroll address \_\_\_\_\_

P.O. Box or Street Address

City

State

Zip

Employer Payroll Contact \_\_\_\_\_

Name

Phone Number

Fax Number

**Debtor #2 is Paid  
(circle one)**

**Divide Debtor #2  
Monthly Payment by**

**Amount Deducted  
from Each Paycheck**

weekly

4.33

\$ \_\_\_\_\_

bi-weekly (every 2 weeks)

2.16

\$ \_\_\_\_\_

semi- monthly (2 times a month)

2.00

\$ \_\_\_\_\_

monthly (once a month)

N/A

\$ \_\_\_\_\_

**BY SIGNING BELOW, I AUTHORIZE DEDUCTIONS BY MY EMPLOYER TO PAY MY CHAPTER 13 PLAN.**

Debtor #2 Signature \_\_\_\_\_