

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

Per the Mandatory Wage Directive provision of the Standing Order Concerning All Chapter 13 Cases, unless the Court orders otherwise, you are required to have your employer deduct your Chapter 13 plan payment from your payroll check.

YOU MUST COMPLETE THE ATTACHED WAGE DIRECTIVE INFORMATION SHEET AND RETURN IT TO THE TRUSTEE'S OFFICE on or before the date of your first scheduled creditor's meeting. If the case is a joint filing, you may choose to have the payroll deductions taken from one or both debtor's paychecks. **The Trustee's Office will then send a Wage Directive to your employer's payroll department.** You are authorizing the Chapter 13 Trustee to direct your employer to withhold your Chapter 13 Plan payments from your payroll and to send the amount withheld to the Chapter 13 Trustee until termination of your employment or notification from the Trustee to your employer to stop the deductions. Copies of the Wage Directive are also sent to you and your attorney. The payroll deduction usually begins the pay period after your employer receives the Wage Directive from the Trustee.

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.

AUTHORIZED PAYMENT METHODS: You are required to make the first three monthly payments to the Trustee by i) cashier's check, ii) money order or through the TFS electronic payment portal – iii) TFS Bill Pay or iv) TFS MoneyGram (www.tfsbillpay.com). Your payroll deduction via the Wage Directive should begin in the fourth month. The authorized payment methods must be used if:

- Your employer does not send a full plan payment amount beginning in the fourth month
- Your employer stops making deductions for any reason
- Your plan payment increases and your employer doesn't deduct the increased amount, or
- Your income is insufficient for your employer to deduct the required monthly payment amount.

Your payment should be deducted from every paycheck you receive during that fourth 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.

If you change employers, you must complete a new Wage Directive Information Form and return it to the Trustee and you must send plan payments through Authorized Payment Methods to the Trustee in the interim. Wage Directive Forms can be found on the Trustee's webpage www.dallasch13.com.

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

CASHIER CHECKS AND MONEY ORDERS 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 _____