WAGE WITHHOLDING FORM

COMPLETE AND RETURN THIS FORM TO THE PRESIDING OFFICER CONDUCTING YOUR §341 MEETING, FAX TO (972) 943-8050, OR MAIL TO THE FOLLOWING ADDRESS:

Office of the Standing Chapter 12 & 13 Trustee
Janna L. Countryman, Trustee
ATTN: Wage Withholding Order Manager
P. O. Box 941166
Plano, TX 75094-1166
Fax No.: 972-943-8050

DATE _____

CASE NUMBER _____

NAME _____

SOCIAL SECURITY NUMBER _____

CIRCLE ONE: SELF HUSBAND WIFE

PREVIOUS WAGE ORDER ON THIS CASE? YES NO

NAME OF EMPLOYER _____

EMPLOYER CONTACT & PHONE NUMBER _____

EMPLOYER PAYROLL ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

MONTHLY PLAN PAYMENT AMOUNT _____

PAYROLL CYCLE (CIRCLE ONE): WEEKLY BI-WEEKLY SEMI-MONTHLY MONTHLY

_____
DEBTOR'S SIGNATURE

ANY QUESTIONS REGARDING WAGE WITHHOLDING MAY BE DIRECTED TO THE WAGE WITHHOLDING ORDER MANAGER AT (972) 943-2580, MONDAY THROUGH FRIDAY FROM 9:00 A.M. TO 4:00 P.M.