

Julie Philippi  
Chapter 13 Trustee  
170 Franklin St., Ste 600  
Buffalo, NY 14202

**Request for Payroll Deduction Order**

**INSTRUCTIONS: Complete the below information and return it to the Trustee's office. You can mail the form to the address above or email it to office@buffalo13.com.**

Case No. \_\_\_\_\_

Debtor Name \_\_\_\_\_

Employer Name \_\_\_\_\_

Payroll Department Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I request that Julie Philippi, Chapter 13 Trustee, issue a payroll deduction order for payment of my Chapter 13 plan payments. I authorize my employer to deduct my Chapter 13 plan payments directly from my payroll check and to forward the deducted amount to the Chapter 13 Trustee.

I understand that in order to begin the payroll deduction I must provide the Chapter 13 Trustee with the exact name of my employer and address of the payroll department.

I understand that I must notify the Chapter 13 Trustee in writing of any changes that may affect this request such as a change in address of the payroll department, change of employer, change in payment amount, etc.

I understand that the payroll deduction order will not cure any delinquent plan payments.

I understand that I must continue to make my regular monthly plan payments until the payroll deduction has begun.

By signing below, I acknowledge that I understand and agree to the terms and conditions set forth above and I agree to hold the chapter 13 Trustee harmless from any and all claims that might arise as a result of this request for a payroll deduction order.

Date \_\_\_\_\_

\_\_\_\_\_  
Debtor