

ROBERT B. WILSON
STANDING BANKRUPTCY TRUSTEE
1407 Buddy Holly Ave
LUBBOCK, TX 79415
(806) 748-1980 OFFICE
(806) 748-1956 FAX

MANDATORY WAGE DIRECTIVE FORM AND/OR TFS SELECTION

General Order 2017-01 states all wage earning Chapter 13 Debtors must have their plan payment deducted directly from their pay and submitted by their employer directly to the Trustee each pay period. Please print all data below. FAILURE TO SIGN THIS FORM AND PROVIDE COMPLETE AND CORRECT INFORMATION WILL PROHIBIT THE TRUSTEE FROM GENERATING THE PROPER DOCUMENTS NEEDED TO COMPLETE THE WITHHOLDING AND A NOTICE OF INTENT TO DISMISS YOUR CASE MAY BE FILED BY THE TRUSTEE.

Is this an amendment to a previous wage directive form submitted to the Trustee? No _____ Yes _____

CASE #: _____

DEBTOR 1 NAME: _____

DEBTOR 2 NAME: _____

- A. Currently the plan payment proposed in your most recent plan is \$ _____
- B. Debtor 1 proposes to pay \$ _____ of the amount shown on line A above.
- C. Debtor 2 proposes to pay \$ _____ of the amount shown on line A above.

Debtor(s) may select to pay Trustee electronically through a service called TFS Bill Pay or through their employer by wage deduction. Debtor(s) must choose one option below and both Debtors (if applicable) must pay the same way.

_____ Debtor(s) choose to pay by TFS EPay.

_____ Debtor(s) choose to pay by TFS EWage

_____ Debtor(s) choose to pay by Trustee Wage Deduction. Fill in Section 1 below.

To enroll for TFS EPay or EWage, please visit www.TFSbillpay.com, send an email to support@tfsbillpay.com, or call 888-729-2413 (888-PAY-CH13). If you elect to make payments through this service, you are entering into an agreement with TFS, not the trustee's office. Likewise, all fees charged for using this service are being collected by TFS, not the trustee's office.

Signature of Debtor 1: _____ Date: _____

Signature of Debtor 2: _____ Date: _____

Section 1

EMPLOYER INFORMATION FOR DEBTOR 1

Employer Name: _____

Employer Address (**specifically for payroll department**):

Employer Phone #: _____ Employer Fax#: _____

I hereby authorize the Trustee by signature below to generate Directives for the Bankruptcy Court to direct my employer to withhold my plan payment directly from my wages as indicated above and as indicated in any Chapter 13 Plan and amendments thereto in the future. **I also understand that I am fully responsible for making my first plan payment to the Trustee and any subsequent plan payment not withheld and submitted by my employer for any reason.** I understand that any changes in employment must be reported in writing to the Trustee immediately throughout the pendency of this Chapter 13 bankruptcy.

Signature of Debtor 1: _____ Dated: _____

EMPLOYER INFORMATION FOR DEBTOR 2

Employer Name: _____

Employer Address (**specifically for payroll department**):

Employer Phone #: _____ Employer Fax #: _____

I hereby authorize the Trustee by signature below to generate Directives for the Bankruptcy Court to direct my employer to withhold my plan payment directly from my wages as indicated above and as indicated in any Chapter 13 Plan and amendments thereto in the future. **I also understand that I am fully responsible for making my first plan payment to the Trustee and any subsequent plan payment not withheld and submitted by my employer for any reason.** I understand that any changes in employment must be reported in writing to the Trustee immediately throughout the pendency of this Chapter 13 bankruptcy.

Signature of Debtor 2 : _____ Dated: _____

An original of this form must be received by the Trustee within fourteen (14) days of the date of the petition. If the form is not complete, the Trustee may file a Notice of Intent to Dismiss the bankruptcy case. All information should be sent to the address in the top left hand corner of page one.