

**OFFICE OF THE  
CHAPTER 13 STANDING TRUSTEE**

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For payments Only:  
P.O Box 1918  
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**PAYOFF REQUEST FORM**

Date: \_\_\_\_\_

Debtors' name: \_\_\_\_\_

Case number: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime phone number/cell: \_\_\_\_\_

\_\_\_\_\_ A copy of my previous year federal income tax return is attached.

\_\_\_\_\_ A copy of my previous year federal income tax return was sent to the Trustee prior to this request.

Do you have any pending lawsuits or are you aware of any facts which would allow you to make a claim against anyone? \_\_\_\_\_ No.

\_\_\_\_\_ Yes. Please explain: \_\_\_\_\_

The source of funding for your plan payoff is: \_\_\_\_\_

- PAYOFF WILL BE PROVIDED WITHIN 4 WEEKS.  
**PLEASE MAKE YOUR SCHEDULED MONTHLY PAYMENTS UNTIL A PAYOFF FIGURE IS PROVIDED TO YOU.**
  
- IF YOU WILL OBTAIN A LOAN (OR REFINANCE) TO PAYOFF YOUR CASE, THAT LOAN **MUST BE APPROVED BY THE TRUSTEE BEFORE A PAYOFF FIGURE WILL BE PROVIDED.**  
PLEASE CONTACT OUR OFFICE FOR INSTRUCTIONS ON HOW TO DO THIS.

\_\_\_\_\_  
Debtor's Signature

\_\_\_\_\_  
Debtor's Signature (if applicable)

\_\_\_\_\_  
Attorney for Debtor(s)