

**WAGE WITHHOLDING FORM**

COMPLETE AND RETURN THIS FORM TO THE PRESIDING OFFICER CONDUCTING YOUR §341 MEETING OR MAIL TO THE FOLLOWING ADDRESS:

Office of the Standing Chapter 13 Trustee  
Carey D. Ebert, Standing Chapter 13 Trustee  
ATTN: Wage Withholding Order Manager  
P. O. Box 941166  
Plano, TX 75094-1166

DATE \_\_\_\_\_

CASE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

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.**