

**DEBTOR'S REQUEST FOR EMPLOYER WAGE DEDUCTION**

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

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

SSN: \_\_\_\_\_

I, \_\_\_\_\_, would like to request an Employer Wage Deduction to be  
(Name)  
taken from His \_\_\_\_\_ Hers \_\_\_\_\_ Both \_\_\_\_\_ check(s).

My present employer is:

Employer name: \_\_\_\_\_

Employer Payroll Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Payroll Department Phone No. \_\_\_\_\_

Payroll Department Fax No. \_\_\_\_\_

Contact Person \_\_\_\_\_

I understand the process of preparing the motion, receiving and mailing the order to my employer takes approximately 4-6 weeks. Until my Employer Wage Deduction begins or should my employer be unable to deduct any payments, I am responsible for any and all payments to be remitted to Standing Chapter 13, Trustee at P. O. Box 734, Tyler, TX 75710. Failure to remit any payments may result in dismissal of my case. Any questions regarding wage withholding may be directed to the Wage Withholding Department at (903) 593-7777 or faxed to (903) 597-1313.

\_\_\_\_\_  
Debtor signature

\_\_\_\_\_  
Joint debtor signature

**PLEASE MAIL COMPLETED FORM TO:  
110 N. COLLEGE AVENUE, 12<sup>TH</sup> FLOOR, TYLER, TX 75702**