

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF VERMONT**

**In re:**

**Case # xx-xxxxx  
Chapter 13**

**Debtor(s).**

**Wage Withholding Authorization**

Debtor's Name: \_\_\_\_\_ Self-employed: \_\_\_ Yes \_\_\_ No

Debtor's Address: \_\_\_\_\_

If self-employed, amount Debtor is to deduct and send to Trustee per pay period: \$ \_\_\_\_\_

Debtor's Employer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Amount to deduct per pay period from this employer: \$ \_\_\_\_\_

Co-Debtor's Name: \_\_\_\_\_ Self-employed: \_\_\_ Yes \_\_\_ No

Co-Debtor's Address: \_\_\_\_\_

If self-employed, amount Co-Debtor is to deduct and send to Trustee per pay period: \$ \_\_\_\_\_

Co-Debtor's Employer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Amount to deduct per pay period from this employer: \$ \_\_\_\_\_

I/we hereby consent to the Court's entry of an order instituting wage withholding from my/our employer(s), including myself/ourselves if self-employed, for the purpose of making Chapter 13 plan payments during the term of the plan confirmed in this case.

I/we authorize the Chapter 13 Trustee, Jan M. Sensenich, to contact the employer(s) who is/are withholding wages to modify the amount of the withholding to comport with any modification or amendment of the plan approved by the Court, without our further and separate authorization or Order, provided that the Trustee provides us with notice at the same time as he communicates the modification request to the employer(s).

Debtor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Debtor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The Debtor(s) must file this form with their Chapter 13 plan unless filing a motion for waiver of the wage withholding requirement. See Standing Order # 10-03.**