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CHAPTER 13 STANDING TRUSTEE
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Payment Preference Form

Please return this form, as soon as possible, and prior to your Meeting of Creditors. You may mail, fax, or email your information to our office. Thank you.

Debtor Name _____ Phone No. _____

Spouse _____ Cell No. _____

Case Number _____ E-Mail _____

I/ We _____
The debtor(s) in this case prefer to make our Chapter 13 Plans in the following manner:

☐ **Employer Payroll Deduction:**

☐ I/We have contacted our Employer to initiate this process.

Debtors Name of Employer: _____

Address of Employer: _____

Contact Name: _____

Phone: _____ Fax: _____

☐ **Automatic Bank Debit initiated by my bank.**

Name of Bank: _____

☐ I have already contacted my bank to initiate this process

☐ **Direct Payment** (by Cashier Check, Money Order, or Certified Check)

Please provide reason(s) for direct payments:

Debtor Signature: _____ Date: _____

Debtor Signature: _____ Date: _____