To: Office of the Chapter 13 Trustee Gretchen D. Holland, Trustee

Phone: 864-242-0314	Correspondence Address:
Fax: 864-242-3679	20 Roper Corners Circle, Suite C
	Greenville SC 29615

I hereby consent to a wage order, so that the payments due to you will be drafted from my paycheck and sent by my employer to you. I understand that it will continue to be my responsibility to make sure that the payments are sent to you. I further understand that until the wage order begins, I will need to send the payments to you at the above payment address. I also understand that the wage order will direct the employer to pay you, but that if my employer does not send the payments to you, even after taking them out of my pay, it is up to me to contact my employer to send in the payments.

This is the current address for the payroll department of my employer. If this address ever changes, or if I change jobs, I will let you know where to reissue the wage order.

The wage order will be deducted from:

Debtor name:	Name of employer and address of payroll department:	

Signed:

Debtor

Date

To: Office of the Chapter 13 Trustee Gretchen D. Holland, Trustee

Payment Address:	Phone: 864-242-0314	Correspondence Address:
PO Box 1757	Fax: 864-242-3679	20 Roper Corners Circle, Suite C
Memphis TN 38101-1757		Greenville SC 29615
From: Name:		
Address:		

Case Number:

We hereby consent to a wage order, so that the payments due to you will be drafted from our paycheck(s) and sent by our employer(s) to you as designated below. We understand that it will continue to be our responsibility to make sure that the payments are sent to you. We further understand that until the wage order begins, we will need to send the payments to you at the above payment address. We also understand that the wage order will direct the employer(s) to pay you, but that if the employer(s) does not send the payments to you, even after deducting them from our pay, it is up to us to contact my employer(s) to send in the payments.

This is the current address for the payroll department of our employer(s). If this address ever changes, or if we cease to work for these employer(s), we will let you know where to reissue the wage order.

The wage order will be deducted from:

Debtor name:	Name of employer and address of payroll department:	I want this part of the payment: <u>all $\frac{1}{2}$ of the trustee payment</u> (circle one) taken out of my pay – the rest will be taken out of my spouse's pay, below. (If "all" then do not fill in the boxes below.)
Joint Debtor name:	Name of employer and address of payroll department:	I want this part of the payment: <u>all $\frac{1}{2}$ of the trustee payment</u> (circle one) taken out of my pay – the rest will be taken out of my spouse's pay, above. (If "all" then do not fill in the boxes above.)

Signed:

Debtor

Date

Joint Debtor

Date