

REQUEST TO PAY DIRECT

Instructions: After completion of this request, attorney **SHOULD** upload completed form to the 13Documents at www.13documents.com. The preferred method of submission is through 13Documents; however, email (13trustee@ch13mdal.com) remains an option. Attorney's "/s/" and typed name and date is acceptable. You can use the TAB key to quickly navigate through the form.

Do Not File This Request With The Court and Do Not Mail Copy To Trustee

UPLOAD FORM TO 13DOCUMENTS
at: WWW.13DOCUMENTS.COM

Debtors Information		Case Number:	
Debtors Name:			
Employment Information			
Employers Name:		Length of Employment:	
Address Line :			
City:	State:	Zip Code:	
Debtor's plan payment amount and frequency of payment:			
Payment Amount:		\$	
Pay Frequency:		<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> bi-monthly <input type="checkbox"/> monthly	
Reason for request to Pay Direct:	<input type="checkbox"/> Self-Employed <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> VA Disability <input type="checkbox"/> Small Office Setting		
	<input type="checkbox"/> SSI/SSD <input type="checkbox"/> Short Term Disability <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Unemployment		
	<input type="checkbox"/> Independent Contractor/1099 Employee <input type="checkbox"/> Third-party supplementing income		
	<input type="checkbox"/> Retirement/SS/VA income exceed income from part-time job		
I hereby request that the Chapter 13 Trustee for the Middle District of Alabama, grant the debtor(s) request to pay direct.			
Atty for Debtor(s):		Date:	