

PAYROLL DEDUCTION REQUEST (OPTIONAL)

I, _____ CASE
NUMBER, _____
print name

REQUEST THAT THE OFFICE OF EDWINA E. DOWELL, CHAPTER 13 TRUSTEE, SERVE MY EMPLOYER WITH A PAYROLL DEDUCTION ORDER FOR MY PLAN PAYMENTS.

EMPLOYER'S NAME:

EMPLOYER'S STREET ADDRESS:

EMPLOYER'S CITY, STATE ZIP:

EMPLOYER'S PHONE NUMBER:

(____) _____

The undersigned debtor declares under penalty of perjury under the laws of the State of California that the above information is true and correct.

SIGNATURE OF (DEBTOR): _____ **DATE:** _____

8/30/02 (DB)

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