

## PAYOFF REQUEST FORM

Use this form to request a payoff from the Trustee for a confirmed Chapter 13 case. Do not use this form if:

- You cannot afford to make your confirmed monthly plan payment; please contact your Attorney.
- You have lost your job or are making less money; please contact your Attorney.
- You have moved or will be moving; please contact your Attorney.

All requests for payoff require a written explanation of the source of funds to pay off the case. Mail this request to the address listed above or you may email this form to support@chp13aug.org. The payoff amount will be mailed to the address listed in our system. Please allow up to three (3) weeks to process your request. **Incomplete and/or unsigned payoff requests will not be processed.**

Debtor(s) Name: \_\_\_\_\_

Debtor(s) Address: \_\_\_\_\_

*Note: If address does not match what is currently on file, you must file a change of address with the Clerk before a payoff request will be mailed. Please contact your Attorney to do so.*

Case Number: \_\_\_\_\_ Phone: \_\_\_\_\_

**Reason for request and source of funds for payoff:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Debtor 1 Signature

\_\_\_\_\_  
Debtor 2 Signature

\_\_\_\_\_  
Debtor 1 (Print Name on this line)

\_\_\_\_\_  
Debtor 2 (Print Name on this line)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Check this box if this request is being completed by debtor's attorney and sign below.

\_\_\_\_\_  
Debtor Attorney Signature

\_\_\_\_\_  
Debtor Attorney (Print Name on this line)

\_\_\_\_\_  
Date