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**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF HAWAII**

Chapter 13 Case No.

Debtor(s):

Debtor/Employee's SSN: XXX-XX-

**APPLICATION AND ORDER FOR EMPLOYER TO PAY FUNDS TO TRUSTEE**

**Amended**

**EMPLOYEE** Name and Address:

**EMPLOYER** Name and Address:

Send payments to: **Howard M.S. Hu, Trustee  
P.O. Box 29800  
Honolulu, HI 96820-2200**

Amount: \$ \_\_\_\_\_ To be paid every: \_\_\_\_\_  
(2 wks/month/etc.)

The undersigned debtor agrees to submit wages or other income for periodic and direct payment to the Trustee. In accordance with this application, the above-named employer is directed, until further court order or notification that this case has been converted or dismissed, or that all plan payments have been completed, to deduct the amount stated above from the employee's income and to promptly remit it to the Trustee at the address above. Payments must identify the employee's name and bankruptcy case number.

Payroll deductions such as current income tax withholding, social security, disability, insurance premiums, union dues, and mandatory retirement contributions, are not affected by this order and may be continued. The employer must notify the Trustee of any change in employment affecting compliance with this order.

Dated: \_\_\_\_\_ Signature of Debtor/Attorney: /s/ \_\_\_\_\_

**END OF ORDER**

Submitted by: