

Request for Payoff of Chapter 13 Plan

Case Information

Date Submitted _____

Case Number _____

Debtor Name _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Phone Number _____

Source of proceeds to be used for payoff _____

Debtor Signature _____

Requester Information(Debtor Attorney*/Third Party **)

Name _____

Company/Firm _____

Address _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Phone Number _____

Fax Number _____

Requester Signature _____

* If the Debtor is requesting a payoff and is represented by an attorney, the attorney must submit this request.
** Third party requests require a signed authorization from the debtor.

This request must be mailed to the address below, emailed to payoffs@ch13jaxfl.com or faxed to (904)634-0038.

Office of Douglas W Neway, Chapter 13 Trustee
Post Office Box 4308
Jacksonville, Florida 32201
www.ch13jaxfl.com