

# 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](mailto: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](http://www.ch13jaxfl.com)