

OFFICE OF THE STANDING CHAPTER 13 TRUSTEE

Erik D. Collazo, Esq.
David A. Martin, Esq.
Counsel

ALBERT RUSSO
STANDING CHAPTER 13 TRUSTEE
1 AAA Drive • Suite 101
Robbinsville • New Jersey 08691-1803
Voice (609) 587-6888
Facsimile (609) 587-9676

Mailing Address:
CN 4853
Trenton, NJ 08650

For payments Only:
PO Box 933
Memphis, TN 38101-0933

INSTRUCTIONS: Complete, print, and sign this form. Fax it to 609-587-9676 or scan and email it to payoff@russotrustee.com.

PAYOFF REQUEST FORM

DATE: _____ CASE NO: _____

DEBTOR(S) NAME: _____

_____ I AM THE DEBTOR/CO-DEBTOR _____ I AM COUNSEL FOR THE DEBTOR(S)

This is a request for a payoff letter for the above referenced case. I am requesting the payoff because:

_____ A sale/refinance is pending (Note: A court order allowing sale/refinance must be obtained.)

_____ Inheritance/personal injury/or other proceeds have been/will be received (Note: A Notice of Settlement must be filed with the Bankruptcy Court.)

_____ Debtor(s) wish to pay the plan in full from 401K/pension/retirement/savings. (Note: A court order allowing post-petition financing must be obtained.)

_____ A Family member/friend is gifting the funds to pay the plan in full. (Note: A statement must be submitted with the payment.)

_____ Other _____

A payoff letter will be mailed to the debtor(s). If you also wish to receive a copy by fax or email, please provide the appropriate contact information:

Fax: _____ Email: _____

DEBTOR/CO-DEBTOR SIGNATURE: _____

Or

DEBTOR(S) COUNSEL SIGNATURE: _____