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PAYOFF REQUEST FORM

Use this form to request an exact payoff from the Trustee for a confirmed Chapter 13 case. All requests for payoff will also require a written explanation of the source of the funds to pay off the case.

John M. Hauber

Joint Debtor Signature:_____

Fax:	Chapter 13 Standin P.O. Box 441644 Indianapolis, IN 46 (317) 636-1186			
Case Number:		Debtor(s):		
Send Attn:				
Address:				
Phone:		Fax:		
Source of funds for	payoff:			
Debtor Signature: _			_	