

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF COLUMBIA**

CREDIT CARD COLLECTION NETWORK AUTHORIZATION FORM

We/I hereby authorize the United States Bankruptcy Court for the District of Columbia to charge the following bank card number(s) for payment of filing fees and other court related expenses.

Name as it appears on Card: _____

Name of Law Firm: _____

Name of other authorized users: _____

Cardholder's billing address: _____

City: _____ State: _____ Zip Code: _____

Business Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Telephone No.: _____ Fax No.: _____

Master Card No.: _____ Expiration Date: _____

Visa Card No.: _____ Expiration Date: _____

American Express No.: _____ Expiration Date: _____

Please indicate if this information is: NEW [] UPDATED []

This form will be kept on file in the Clerk's Office, and shall remain in effect until specifically revoked in writing. It is the responsibility of the firm/company named herein to notify the Clerk's Office of the new expiration date when a credit card has been renewed, or if a card has been cancelled or revoked.

Signature: _____ Date: _____

****In the event the charge against this account is denied, you will be notified immediately to make payment in cash, money order or certified check. Any abuse of this privilege may result in your removal from the credit card program.***

****Please return completed form to the Finance Office, U.S. Bankruptcy Court, for the District of Columbia, E. Barrett Prettyman Courthouse, Suite 4400, 333 Constitution Avenue, NW, Washington, DC 20001.**