



**UNITED STATES DISTRICT COURT
DISTRICT OF KANSAS**

**CREDIT CARD AUTHORIZATION FORM FOR
CRIMINAL DEBT PAYMENT**

I hereby authorize the United States District Court for the District of Kansas to charge the credit card listed below for criminal debt payments upon my request via telephone.

Credit Cardholder Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Driver's License Number: _____ Driver's License State: _____

Signature: _____ Date: _____

Card Type (Visa, Mastercard, Discover, American Express, Diners Club) _____

Card Number: _____

Expiration Date: _____

Mail the original of this form to: **CLERK, UNITED STATES DISTRICT COURT
FINANCIAL DEPARTMENT
500 STATE AVE., RM 259
KANSAS CITY, KS 66101**

Note: A copy of the cardholder's driver's license or other identification along with a copy of both sides of the referenced credit card must be returned with this form.

This form will be stored in the court's vault and will remain in effect until the cardholder specifically revokes it in writing.

It is the responsibility of the cardholder and/or firm named above to submit a new form and notify the court when 1) authorized users change; 2) a credit card has been renewed resulting in a new expiration date; and 3) a card has been revoked, canceled, or stolen.