

**UNITED STATES BANKRUPTCY
WESTERN DISTRICT OF KENTUCKY**

**CREDIT CARD COLLECTION
AUTHORIZATION FORM**

(Name of Company/Firm)

hereby authorizes the United States Bankruptcy Court for the Western District of Kentucky to charge the following bank card number(s) for payment for filing fees and other court related expenses.

PLEASE PRINT:

Type of Credit Card (VISA, Master Card, American Express, Discover or Diner's Club):

Card Number: _____

Expiration Date: _____

Billing Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Contact Person (in the event that further information is required, e.g., verification of runner/courier's authority to charge fees to above account) _____

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 provide written notification to the Clerk's office if a card has been canceled or revoked, and to file an updated Credit Card Collection Authorization Form when modification of any of the above information is necessary, including modification of the expiration date when a credit card is renewed.

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.

Signature: _____ Date: _____

Typed Name: _____

PLEASE RETURN COMPLETED FORM TO THE FINANCIAL DEPARTMENT, U.S. BANKRUPTCY COURT, 601 WEST BROADWAY, SUITE 450, LOUISVILLE, KY 40202-2264