

**UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF MARYLAND
BANK CARD ONE-TIME AUTHORIZATION FORM**

Bank Cardholder Name: _____

Card Type: _____ **AMERICAN EXPRESS** _____ **DISCOVER** _____ **DINERS CLUB**
 _____ **MASTER CARD** _____ **VISA**

Account Number: _____ **AMEX CID#:** _____

Expiration Date: _____ **Signature:** _____ **Date:** _____

Address: _____

Telephone Number: _____

CHARGE INFORMATION: Please list the appropriate amount for each applicable charge.

Filing Fee (for new cases)	\$ _____
Motion Fee	\$ _____
Conversion Fee	\$ _____
Search Fee	\$ _____
Copies and Certificates made by court	\$ _____
Appeal Fee	\$ _____
File Retrieval from Archives	\$ _____
Complaint Fee	\$ _____
Other: _____	\$ _____
TOTAL CHARGES	\$ _____

INSTRUCTIONS FOR COMPLETING FORM: THIS FORM MUST BE TYPED, FILLED OUT COMPLETELY, AND SUBMITTED WITH THE PLEADING(S) AT THE TIME OF FILING. The signature field must be signed by the person whose signature appears on the back of the bank card.