

United States Bankruptcy Court
Southern District of Illinois
750 Missouri Avenue
East St. Louis, IL 62201
(618) 482-9400
Fax (618) 482-9414

**CREDIT CARD AUTHORIZATION FORM
ONE TIME AUTHORIZATION**

To the Attention of:

Name of Debtor(s):

Case Number:

I hereby authorize the United States Bankruptcy Court for the Southern District of Illinois to charge the credit card noted below for payment of the fees, costs and expenses which are listed below. I certify that I am an authorized user of this credit card.

Name:

Address:

Signature:

Date:

Daytime telephone number:

Zip Code:

Information about card:

- | | | |
|---|-------|------------------------|
| <input type="checkbox"/> American Express No. | _____ | Expiration Date: _____ |
| <input type="checkbox"/> Diners Club No. | _____ | Expiration Date: _____ |
| <input type="checkbox"/> Discover No. | _____ | Expiration Date: _____ |
| <input type="checkbox"/> MasterCard No. | _____ | Expiration Date: _____ |
| <input type="checkbox"/> VISA No. | _____ | Expiration Date: _____ |

Information about the charge: Please check the appropriate box and the amounts:

- | | |
|--|----------|
| <input type="checkbox"/> Filing Fee(s) (for new or reopened cases) | \$ _____ |
| <input type="checkbox"/> Motion Fee(s) | \$ _____ |
| <input type="checkbox"/> Conversion Fee | \$ _____ |
| <input type="checkbox"/> Search Fee | \$ _____ |
| <input type="checkbox"/> Copies and certification | \$ _____ |
| <input type="checkbox"/> Appeal Filing Fee(s) | \$ _____ |
| <input type="checkbox"/> Archive File Retrieval | \$ _____ |
| <input type="checkbox"/> Other: _____ | \$ _____ |

Total Charge \$ _____

Please send copies via:

- | | |
|----------------------------------|------------------------|
| <input type="checkbox"/> Fax | Fax number: _____ |
| <input type="checkbox"/> E-mail | E-mail address: _____ |
| <input type="checkbox"/> US mail | Mailing address: _____ |

**You must photocopy your credit card (both sides) and return a copy with
this form.**