

INSTRUCTIONS FOR COMPLETING FORM: This form may be completed by non-electronic case filers. This form must be typed or completed in Adobe Acrobat. The signature field must be signed by the cardholder. A legible photocopy of the credit card (BOTH SIDES) must be attached to this form BEFORE the payment may be receipted.

**United States Bankruptcy Court – Eastern District of Virginia
CREDIT CARD ONE TIME AUTHORIZATION FORM**

I hereby authorize the U. S. Bankruptcy Court for the Eastern District of Virginia to charge the credit card listed below for payment of fees, costs, and expenses which are listed below. I certify that I am the cardholder and I have attached a legible copy of both sides of my credit card to this form.

Cardholder Name:	Date:
Cardholder Signature:	
Company/Firm Name:	
Address:	
Telephone Number:	
Card Type: (Check box) <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> American Express**	
** American Express ID Number: (This four digit number is printed on your card above the embossed account number.)	
Account Number:	Exp. Date:

Enter the applicable information below:

Description	Case Name or Number	Amount
Filing Fee (for new cases)		\$
Motion Fee		\$
Conversion Fee		\$
Search Fee		\$
Certification Fee		\$
Appeal Fee		\$
Complaint Fee		\$
File Retrieval from Archives		\$
Copies Made by Court	Number of Copies:	\$
Other:		\$
TOTAL AMOUNT:		\$

Court use only:

Receipt #: _____ Receipt Date: _____ Cashier Name: _____