

INSTRUCTIONS FOR COMPLETING FORM:

This form must be typed and can be completed electronically on our website, www.arb.uscourts.gov/forms/ccauthfillable.pdf
Press the tab key to advance to each field. A handwritten signature is required. This form must be faxed to 501-918-5520.

United States Bankruptcy Court - Eastern & Western Districts of Arkansas
ONE TIME CREDIT CARD AUTHORIZATION FORM

I hereby authorize the U.S. Bankruptcy Court to charge the credit card listed below for payment of fees, costs, and expenses which are listed below. I certify that I am a person who is authorized to use this credit card.

Credit Cardholder Name:

Address:

Signature: _____ **Date:**

Daytime Telephone Number:

Fax Number:

CARD INFORMATION

Account Number:

Expiration Date:

CARD TYPE:

****American Express ID Number:** _____ (This four digit # is printed on your card above the embossed account number.)

CHARGE INFORMATION: Please check the appropriate box and insert the amount to be charged.

- Filing fees
- Installment Fees
- Motion Fees
- Conversion Fee
- Search Fee
- Copies
- Certifications
- Appeal Fee
- Archived File Retrieval
- Adversary Fees
- Other:

TOTAL TO BE CHARGED

Please list all debtors and case numbers:

What is the reason you are not filing electronically?

Installment

Other (give reason below)