

Pay.gov Online Payment Form Instructions For Pro-Se Filers

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Current link to filing fees below: Filing fees

## About

The United States Bankruptcy Court for the Eastern District of Oklahoma uses Form payments offered through Pay.gov, a program of the U.S. Department of the Treasury, Bureau of the Fiscal Service. Pay.gov allows debtors, creditors and Trustees to submit payments to the Court electronically by means of debit card or ACH (electronic payment from a bank account). Trustees can submit minimal dividends and anyone can pay for searches, copies, etc.

If you have any questions, contact the Clerk's Office at (918) 549-7200

## Debit Card Instructions

[Note: credit cards are not accepted; only debit cards are accepted.]

To begin the payment, click here. Once you click the link to begin, you will be brought to the information page. Click **"Continue to the Form"** when you are ready to begin

1. Once you click the link to begin, you will be brought to the information page. Click **"Continue to the Form"** when you are ready to begin.

United States Ba	nkruptcy Court for	the Eastern Dist	rict of Oklahoma	
1	2	3	4	5
Before You Begin	Complete Agency Form	Enter Payment Info	Review & Submit	Confirmation
About this form				
Use this form to pay for fil	ing fees associated with case i	in the Eastern District of Ok	lahoma.	
Accepted Payment Meth	ods:			
• Bank account (ACH)				
Debit card				
With an account you can	:			
• See the payments you	made since you created an ac	count.		
<ul> <li>Store payment inform</li> </ul>	ation so you don't have to re-e	enter it.		
<ul> <li>Copy a form you alrea</li> </ul>	dy submitted the next time yo	u need to make a payment		
To take advantage of the Form' button.	se benefits, you can <u>Sign In</u>	or <u>Create an Account</u> . To o	continue as a guest user, cl	ich the 'Continue to the
Preview Form Ca	ncel			Continue to the Form
This is a secure service pro review our privacy policy	ovided by United States Depar for more information.	tment of the Treasury. The	information you will enter v	vill remain private. <u>Please</u>
We're here to help!				+

2. The information with an asterisk (\*) is required to complete the payment. Please input the payer's information. Then enter the case information. If you are the debtor in the case and are making the payment with your debit card, enter your information in both sections. In the description field, enter what the payment is for. Then click "Continue". If you need help determining the total payment, contact the Clerk's Office at (918) 549-7200.

()	2	3	4	5
Before You Begin	Complete Agency Form	Enter Payment Info	Review & Submit	Confirmation
	United S Easter	States Bankruptcy Court n District of Oklahoma		
Payer Information				
* First Name:	esr	MI * Last Name: Tes	stDebtor	
* Telephone:	111-111-1111			
* Email:	123@gmail.com			
Case Information				
* Case Number:	21-44444			
* Debtor(s) Name(s):	esr TestDebtor			
* Provide a brief descr	iption of the fee being paid:			
I have requested ce	rtified copies			
			11.	
Example: Filing fee to Reopen, Amende	e, installment payment Ch.7/C d Schedules	h.13/Ch.11, copies (quantity), certifi	cation (quantity), Motion	
* Total Payment:	\$10.50			
	PDF Pre	view Continue		

3. You are brought to the payment information screen. Select **"Debit card"** from the options below and click **"Next"**.

—	(⁄/	3	4	5
Before You Begin	Complete Agency Form	Enter Payment Info	Review & Submit	Confirmation
ayment Informatio	n			
ayment Amount \$10.50				
I want to pay with m	у			
Bank account (AC	H)			
Debit card				
Previous Retu	Irn to Form Cancel			Ne
We're here to help!				

4. Now, enter the billing information in the required fields. Once finished, click **"Review and Submit Payment".** 

<ul> <li>—</li> </ul>	(⁄/	3	4	5
Before You Begin	Complete Agency Form	Enter Payment Info	Review & Submit	Confirmation
Please provide the paym	ent information below. Requi	red fields are marked with a	an *	
Payment Amount	ene morna con secon nequi			
\$10.50				
Cardholder Name				
esr TestDebtor				
* Cardholder Billing Addr	ress			
Billing Address 2				
City				
* Country				
United States		¢		

Select State/Province	\$
* ZIP/Postal Code	
* Card Number	
MasterCard	
* Expiration Date	
Select   Select	¢
* Security Code	
What's this?	
21-44444	
Debtor Name esr TestDebtor	
Payer Name	
eSR TestDebtor	
Phone 111-111-1111	

Email 123@gmail.com	
Description	
Previous Return to Form Cancel	<b>Review and Submit Payment</b>
We're here to help!	+
WARNING WARNING WARNING	

5. On the next screen, review all information for accuracy and submit the payment for processing. You must click the box to allow Pay.gov to execute the transaction and click submit payment. The payment will appear on your bank statement as "Courts/USBC-OK." Pay.gov will email a receipt to the email address that you listed in part 2.

## **ACH** Instructions

Another acceptable form of payment is ACH payment, which is an electronic draft through your bank. For this type of payment, you must have your bank's routing information as well as your account number. Pay close attention and double check all information you enter when using ACH payments.

**NOTE: If we receive a returned item, you will be charged a \$53.00 returned item fee.** To begin the payment, <u>click here</u>.

1. Once you click the link to begin, you will be brought to the information page. Click **"Continue to the Form"** when you are ready to begin.



2. The information with an asterisk (\*) is required to complete the payment. Please input the payer's information. Then enter the case information. If you are the debtor in the case and are making the payment with your debit card, enter your information in both sections. In the description field, enter what the payment is for. Then click "Continue". If you need help determining the total payment, contact the Clerk's Office at (918) 549-7200.

In the description field, enter what the payment is for. Then click **"Continue".** If you need help determining the total payment, contact the Clerk's Office at (918) 549-7200.

Ø—	2	3	4	5
Before You Begin	Complete Agency Form	Enter Payment Info	Review & Submit	Confirmation
	United S Easterr	tates Bankruptcy Court n District of Oklahoma		
Payer Information				
* First Name:	esr	MI * Last Name: Tes	stDebtor	
* Telephone:	111-111-1111			
* Email:	123@gmail.com			
Case Information				
* Case Number:	21-44444			
* Debtor(s) Name(s):	esr TestDebtor			
* Provide a brief descr	iption of the fee being paid:			
I have requested ce	rtified copies		1.	
Example: Filing fee to Reopen, Amende	e, installment payment Ch.7/Ch d Schedules	.13/Ch.11, copies (quantity), certifi	cation (quantity), Motion	
* Total Payment:	\$10.50			
	PDF Prev	iew Continue		
We're here to help!				+

3. You are brought to the payment information screen. Select **"Bank account (ACH)"** from the options below and click **"Next"**.

United States Bankruptcy Court for the Eastern Distri	ct of Oklahoma	
O     Before You Begin Complete Agency Form Enter Payment Info	4 Review & Submit	5 Confirmation
Payment Information		
Payment Amount \$10.50		
* I want to pay with my Bank account (ACH)		
Debit card  Previous Return to Form Cancel		Next
We're here to help!		+

4. Now, enter the billing information in the required fields. Once finished, click "Review and Submit Payment".

Before You Begin Complete Agency Form Enter Payment Info Review	4 5 & Submit Confirmation
Please provide the payment information below. Required fields are marked with an *	
* Payment Amount	
\$10.50	
* Payment Date (mm/dd/yyyy)	
03/04/2022	
Earliest Payment Date Choose Payment Date	
* Account Holder Name	
esr TestDebtor	
* Select Account Type	
Select +	



5. On the next screen, review all information for accuracy and submit the payment for processing. You must click the box to allow Pay.gov to execute the transaction and click submit payment. The payment will appear on your bank statement as "Courts/USBC-OK." Pay.gov will email a receipt to the email address that you listed in part 2.