



United States Bankruptcy Court Eastern District of Oklahoma



Credit/Debit Card Authorization Form

Name of Attorney/Participant: _____

I hereby authorize the United States Bankruptcy Court for the Eastern District of Oklahoma to charge the following credit/debit card for payment of fees and other court related matters.

✓	Type of Card	Credit Card Number and Expiration Date
	Visa	Please include: Security Code on back of the card in italics CC# _____ Exp Date: _____
	MasterCard	Please include: Security Code on back of the card in italics CC# _____ Exp Date: _____
	American Express	Please include: CID Code by expiration date 4-digits CC# _____ Exp Date: _____
	Visa Debit Card	CC# _____ Exp Date: _____
	Discover Card	CC# _____ Exp Date: _____
	MasterCard Debit Card	CC# _____ Exp Date: _____

Please Print:

Name on Card	_____
Address:	_____
City:	_____
State:	_____
Zip Code:	_____
Phone Number:	_____

Please indicate if this information is: New Updated

This form will be kept on file in the Clerk's Office and shall remain in effect until specifically revoked in writing. It is the responsibility of the cardholder named herein to notify the Clerk's Office of the new expiration date when a credit card has been renewed, canceled or revoked. This information will be securely maintained in the Clerk's Office.

In the event the charge against this account is denied, you will be notified immediately to make payment in cash, money order or certified check. Any abuse of this privilege may result in your removal from the credit card program.

Signature _____ Date _____

Title _____

Please return completed form to: U.S. Bankruptcy Court, Financial Dept., P.O. Box 1888, Muskogee, OK 74402