

UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF MICHIGAN

**ONE-TIME CREDIT CARD AUTHORIZATION FORM**

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

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**Requestor Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_ Fax no. \_\_\_\_\_

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**Credit Card Information** (Accepted Cards: American Express, Diner's Club, Discover, MasterCard and VISA)

Billing Address if different than above: \_\_\_\_\_

\_\_\_\_\_

Type of Card: \_\_\_\_\_ Account no: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

ID No. \_\_\_\_\_ (ID number is mandatory. American Express: 4 digits on front-side in the center. All other credit cards: last 3 digits on back of card within signature block.)

*I hereby authorize the US Bankruptcy Court for the Western District of Michigan to charge the credit card account noted below for payment of the fees, costs or expenses which are listed below. I certify that I am a person who is authorized to use this credit card. (Form **must** be signed by the person whose signature appears on the back of the credit card)*

Signature: \_\_\_\_\_

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**Method of Obtaining Copies**

Email (email address: \_\_\_\_\_)

US Postal Service (address if different than above: \_\_\_\_\_)

\_\_\_\_\_

Fax (FAX no. if different than above: \_\_\_\_\_)

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***This section to be filled out by the court***

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The form may be mailed or faxed along with the appropriate copy request form. **DO NOT E-MAIL THIS FORM.**  
Mail to: US Bankruptcy Court, One Division Avenue, North, Room 200, Grand Rapids, MI 49503. Fax: 616-456-2083