

Initial Form

Updated Form

UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF VIRGINIA
P.O. BOX 2390
ROANOKE, VA 24010
(540) 857-2391

BANK CARD BLANKET AUTHORIZATION FORM

I/We hereby authorize the U.S. Bankruptcy Court to charge the firm bank card listed below for payment of fees, costs, and expenses which are incurred by the authorized users listed below. I understand if a document requiring a fees is received without the fee, the court will **automatically** charge the account number listed on this form. I certify that I am authorized to sign this form on behalf of my law firm.

Credit Cardholder Name: _____

Card Type: _____ American Express _____ Discover _____ Diners Club
 _____ Master Card _____ Visa

*Account Number: _____ AMEX CID#: _____

Expiration Date: _____ Signature: _____ Date: _____

Names and signatures of individuals authorized to use the firm account number listed above for payment of fees, costs, or expenses:

Name (Typed)	Signature	Date
Name (Typed)	Signature	Date
Name (Typed)	Signature	Date

Name of Law Firm: _____
(If sole practitioner, type or print your name)

Address: _____

Contact Person: _____ Telephone Number: _____

INSTRUCTIONS FOR COMPLETING FORM: THIS FORM MUST BE TYPED, FILLED OUT COMPLETELY, AND DELIVERED TO THE U.S. BANKRUPTCY COURT. A new form must be submitted to the court upon any change to: name, address, telephone number, authorized user(s), account number expiration date, etc. It is the responsibility of the cardholder to notify the court if a card has been canceled or stolen. This form will remain in effect until the expiration date of the card, or until specifically revoked in writing.

**In the event that a charge against this account is denied, you will be notified immediately to make payment in cash, money order or certified check. This payment will be due immediately. Any abuse of this privilege will result in your removal from the credit program. All forms must contain original signatures.*