

For Internal Use Only

Number
Assigned: _____

**United States Bankruptcy Court
District of New Hampshire**

DEBIT CARD AUTHORIZATION FORM

We/I hereby authorize the United States Bankruptcy Court for the District of New Hampshire to charge the following bank card number for payment of filing fees and other court related expenses.

Name of Electronic Filer: _____

Name as it appears on the card: _____

Name of the Law Firm: _____

Cardholder's mailing address: _____

City: _____ State: _____ Zip Code _____

Business Mailing Address: _____

City: _____ State: _____ Zip Code _____

Business Phone Number: _____ Fax Number: _____

Please fill out the information for only **ONE** of the cards below. Do **NOT** supply PIN number.
Your debit card **MUST** have a **Hologram** visible on the front of the card.

Master Card Number: _____ Exp. Date _____

Visa Card Number: _____ Exp. Date _____

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 person/firm named herein to notify the Clerk's Office of the new expiration date when a debit card has been renewed, or if a card has been canceled or revoked.

Signature: _____ Date: _____

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 debit card program.

Please return completed form to: Administrative Manager-Operations, U.S. Bankruptcy Court, 1000 Elm Street, Suite 1001, Manchester, New Hampshire 03101-1708. Any questions, call (603) 222-2618.