

United States District Court Eastern District of Missouri

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CREDIT/DEBIT CARD AUTHORIZATION FORM

I hereby authorize the U.S. District Court for the Eastern District of Missouri to charge the card listed below for payment of fees which are incurred by the authorized users. I certify that I am authorized to sign this form on behalf of my law firm or corporation and/or that I am the person authorized to use this card. I understand that this information will be securely maintained by the Court. I also understand that when an initiating petition requiring a fee is received through the electronic court filing system, the Court will automatically charge the account number listed on the form.

		New Applicant	Renewai Applica	nt
Cardhold	er Name <i>as it appear</i> s	on card:		
Billing Address		City/State		
Card Number:		Expiration Date:		
Signature of Card Holder:		Date:		
Туре:	Mastercard	Visa Discover	American Express	Other
Additiona	I names and signature	s of individuals authorized to use acc	count number listed above for	r payment of fees:
	Name:			
(If sole pr	actitioner, type in your	name)		
Address:				
Immediat	e Contact Number:		Alternate Contact Number:_	
submit a	new form and notify th	ntil the expiration date is met or speci e court of: (1) any changes to the re- or (3) a card has been revoked, canc	gistered attorney or employe	•
		the account is denied, you will be no result in your removal from the credi		yment in cash, money order or check.
Submit th	is form, with a photoc	ppy of the front and back of the ca	rd to:	
		Cashier U.S. District Co 111 South 10 th (St. Louis, MO	Street, Rm 3.300	
Note: Ca	se related fees must l	nave a credit card authorization form	completed prior to the card b	neing accepted as payment.
FOR COL	JRT USE ONLY			
Rec'd		Entered	Date E	Entered