

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON**

CREDIT CARD COLLECTION NETWORK AUTHORIZATION FORM

We/I hereby authorize the United States District Court Western District of Washington to charge the following bank card number(s) for payment of filing fees and other court related expenses.

Name as it appears on Card: _____

Name of Law Firm: _____

Name of other authorized users: _____

Cardholder's mailing address: _____

City: _____ **State:** _____ **Zip Code** _____

Business Mailing Address: _____

Business Phone No: _____ **Fax No:** _____

Master Card No: _____ **Exp. Date** _____

Visa Card No: _____ **Exp. Date** _____

Discover Card No: _____ **Exp. Date** _____

American Express: _____ **Exp. Date** _____

(AE ID #) : _____

Diners Club: _____ **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 firm/company named herein to notify the Clerk's office of the new expiration date when a credit 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 credit card program.

****PLEASE RETURN COMPLETED FORM TO THE FINANCIAL DEPARTMENT, U.S. DISTRICT COURT WESTERN DISTRICT OF WASHINGTON, 700 STEWART STREET, LOBBY LEVEL, SEATTLE, WA 98101.**