

United States Bankruptcy Court

Western District of Louisiana

CREDIT/DEBIT ONE-TIME AUTHORIZATION FORM

I hereby authorize the United States Bankruptcy Court for the Western District of Louisiana to charge the following bank card number for payment of filing fees and other court related expenses as designated on this form.

Name as it appears on Card: _____

Signature of Cardholder: _____ **Date:** _____

Name of Law Firm/Business: _____

Billing Address: _____
(Street, P.O. BOX, Other)

(City, State, Zip Code)

Telephone Number: _____ **Fax Number:** _____

CARD Information

Account Number: _____ **Expiration Date:** _____

American Express Visa Master Card Discover Diners Club

****For security, a photocopy of the front and back of the credit card shall be attached to this application****

Charge Information: *Please list the appropriate amounts for each applicable charge.*

Adversary Fees	\$	_____
Appeal Fees	\$	_____
Amendments to Schedules or Lists of Creditors	\$	_____
Certification Fees	\$	_____
Conversion Fees	\$	_____
Copy Work	\$	_____
File Retrieval from Federal Record Center	\$	_____
Motion to Convert	\$	_____
Motion to Lift/Modify Stay	\$	_____
New Petition Filing Fees	\$	_____
Search Fees	\$	_____
Other	\$	_____
TOTAL CHARGES	\$	_____