

United States District/Bankruptcy Court
Western District of Missouri

AUTHORIZATION FORM

(Attorney Name/Firm)

hereby authorizes the United States District/Bankruptcy Court for the Western District of Missouri to charge the following credit card number(s) for payment of identified Court-related expenses.

PLEASE TYPE OR PRINT

Visa Number _____ Exp. Date _____

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Discover _____ Exp. Date _____

Name _____

Address _____

City _____ State _____ Zip Code _____

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Authorized Signatures

(Signed)

(Typed)

(Signed)

(Typed)

DATE _____

This form, which will be kept on file in the Clerk's Office, shall remain in effect until specifically revoked in writing. It is the responsibility of the attorney/firm named herein to notify the Clerk's Office, Finance Section of the new expiration date when a credit card has been renewed, or if a card has been canceled or revoked.