

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS

ON-LINE CREDIT CARD FEE REFUND REQUEST FORM

I hereby request the U. S. Bankruptcy Court for the Western District of Texas to refund the credit card listed below for payment of fees paid in error via the CM/ECF on-line credit card payment system.

CREDIT CARDHOLDER NAME: _____

BILLING ADDRESS: _____

SIGNATURE: _____ **DATE:** _____

DAYTIME TELEPHONE NUMBER: _____

CARD INFORMATION:

<u>CARD TYPE</u>	<u>ACCOUNT NUMBER</u>	<u>EXP. DATE</u>
_____	_____	_____

CM/ECF POSTED RECEIPT NUMBER AND DATE: _____

Attach a copy of the receipt printout given upon payment.

AMOUNT TO BE REFUNDED \$ _____ **CASE #** _____

BRIEF EXPLANATION FOR REFUND _____

MAIL TO: U.S. BANKRUPTCY COURT
ANNETTE ANDERSON, FINANCE
P O BOX 1439
SAN ANTONIO, TX 78295
or fax at 210-472-6215

FOR OFFICIAL COURT USE ONLY

APPROVED BY: _____

DATE: _____