

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF NORTH CAROLINA**

*Please type or print*

**TEMPORARY AUTHORIZATION FORM**

I hereby authorize the U. S. Bankruptcy Court for the Western District of North Carolina to charge the credit card listed below for payment of fees, costs, fines, and expenses which are listed below. I certify that I am a person who is authorized to use this credit card. This form must be signed by the person whose signature appears on the back of the credit card.

**Credit Cardholder Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Daytime Telephone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

**CARD INFORMATION:**

**VISA Account No.:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**MASTERCARD Acct. No.:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**CHARGE INFORMATION:** Please list the appropriate amounts for each applicable charge.

**DISCOVER Account Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**AMERICAN EXPRESS Account Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**DINERS CLUB:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

Filing Fees (for new cases)	\$ _____
Motion Fees	\$ _____
Conversion Fee	\$ _____
Search Fee	\$ _____
Copies and Certificates made by Court	\$ _____
Appeal Fee	\$ _____
File Retrieval from Archives	\$ _____
Complaint Fee	\$ _____
Other: _____	\$ _____

**TOTAL CHARGES** \$ \_\_\_\_\_

***If card is not present, you must photocopy your credit card (BOTH SIDES) and attach the copy to this form.***