

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF TEXAS**

CREDIT CARD AUTHORIZATION FORM
Attention: INTAKE

Please complete the Copies/Certifications section and authorize the transaction by your signature in the Authorization section. Submit the completed form to the appropriate division using the instructions found at the end of the form.

COPIES/CERTIFICATION

You may receive copies and document certifications via email. Alternatively, you may receive copies less than 100 pages (but not certifications) via fax. If you do not provide an email address or fax number, the document(s) will be mailed to you. If the document(s) is to be sent to an address other than the billing address, please indicate the mailing address below.

Provide sufficient detail to make your needs clear and include the document number(s) and title of document(s) requested to be copied or certified.

Total Number of Pages:* _____ @ _____ per page = _____
 Number of Certified Documents:* _____ @ _____ each = _____
 For a total of _____

* If you do not designate the number of pages, you will be billed for all pages of the document.

AUTHORIZATION

_____ (Name of Individual, Company or Firm)

hereby authorizes the United States District Court for the Northern District of Texas to charge the bank credit card listed below for payment for the aforementioned copies and/or certifications.

- | | | |
|--|--|---|
| <input type="checkbox"/> American Express | <input type="checkbox"/> Diner's Club | <input type="checkbox"/> Visa |
| Amex ID Code # (4 digits): _____ | <input type="checkbox"/> Discover | <input type="checkbox"/> Master Card |

Credit card number: _____ **Expiration date:** _____

Name (as it appears on the card): _____

Billing Address: _____

City: _____ State: _____ Zip code: _____

Phone (Required): _____

Printed Name of Authorized Card User: _____

Signature of Authorized Card User: _____ Date: _____

SUBMITTING THE FORM

Although you may complete most of this fillable form on our website, the authorized credit card user must sign the form immediately above. You may either scan and email the form, or fax it to the clerk's office in the appropriate division.

Abilene

Fax: 325-677-6334

Email: abilene_intake@txnd.uscourts.gov

Lubbock

Fax: 806-472-1960

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