

United States District/Bankruptcy Court  
Western District of Missouri

**AUTHORIZATION FORM**

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**(All Attorney Name(s) and Firm, attach additional sheets if necessary)**

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

**PLEASE TYPE OR PRINT**

Visa Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Mastercard Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

American Express \_\_\_\_\_ Exp. Date \_\_\_\_\_

Discover \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Authorized Signatures**  
**Attach additional sheets if necessary.**

\_\_\_\_\_  
(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 attorneys named herein to notify the Clerk's Office, Finance Section of the new expiration date when a credit card has been renewed, if a card has been canceled or revoked or if a user is no longer authorized on the above card.**