

United States Bankruptcy Court
Western District of Texas

ELECTRONIC CASE FILING (ECF) SYSTEM
Personal Financial Management Course Provider Filer Registration Form

Last Name: _____ Generation: _____

First Name: _____ Middle Initial: _____

Last four digits of Social Security Number: _____

Company Name: _____

Business Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Primary E-Mail Address: _____

Do you have an ECF account with other district(s): Y or N _____

If so, please indicate which Bankruptcy courts: _____

By submitting this registration form, the undersigned agrees to abide by the Personal Financial Management Course Provider Filer Agreement for the U.S. Bankruptcy Court for the Western District of Texas.

Please email completed form to: TXWB_ECF-REGISTRAR@txwb.uscourts.gov

Applicant Signature _____