

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 via the CM/ECF on-line credit card payment system. Please read the [Refund Procedures](#) before filling out this form.

**CREDIT CARDHOLDER NAME:** \_\_\_\_\_

**BILLING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DAYTIME TELEPHONE NUMBER:** \_\_\_\_\_

**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  
ATTN : FINANCE DEPARTMENT  
615 E. HOUSTON, #546  
SAN ANTONIO, TX 78205

or fax at 210-472-6215

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FOR OFFICIAL COURT USE ONLY

**APPROVED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_