

*Christopher L. Austin*  
*Clerk of Court*



*United States Bankruptcy Court*  
*Eastern District of Wisconsin*  
*Office of the Clerk*

*126 U.S. Courthouse*  
*517 E. Wisconsin Ave.*  
*Milwaukee, WI 53202-4581*  
*414-297-3291*  
*FAX 414-297-4040*  
*www.wieb.uscourts.gov*

July 13, 2000

Notice to the Bar and Public

Re: Plastic Card Program

Effective August 1, 2000, the Bankruptcy Court for the Eastern District of Wisconsin will begin to accept credit and debit cards for payment of fees pursuant to 28 USC § 1930.

We will accept the following credit cards: MasterCard, Visa, American Express, Discover and Diners Club. We also will accept debit cards.

The Clerk's office has developed a Credit Card Blanket Authorization Form for use by law firms, partnerships, professional corporations, and sole practitioners. Entities who wish to use a credit card may present or mail the blanket authorization form to the Clerk's office which will permit any designated lawyer or other employee, to request services and to charge a specified credit card for those services. This form must contain the **original** signature of the cardholder. The original form will be maintained in a secured area of the Clerk's office and should be mailed to:

Clerk, U.S. Bankruptcy Court  
Personal and Confidential: Financial Specialist  
Room 126, U.S. Courthouse  
517 East Wisconsin Avenue  
Milwaukee, WI 53202

If submitting a document through the mail or placing documents into the safe, and using a credit card, reference **must** be made that a blanket authorization form is on file with the Clerk's office. Payment by credit or debit card will not be accepted from a debtor in a pending case. Credit card and register receipts will be handed, or mailed, to the person making the payment.

Questions about using credit or debit cards should be directed to Joan McFadyen at 414-297-3291, extension 3060.

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**CREDIT CARD BLANKET AUTHORIZATION FORM**

I hereby authorize the United States Bankruptcy Court of the Eastern District of Wisconsin to charge the credit card listed below for payment of fees, costs, fines, and expenses which are incurred by the authorized users listed below. I certify that I am authorized to sign this form on behalf of my law firm.

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

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

**Names of individuals authorized to use account number listed below (include cardholder name, if authorized user):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Law Firm/Sole Practitioner Name:** \_\_\_\_\_

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

**Telephone number:** \_\_\_\_\_

**Receipts should be mailed to:** \_\_\_\_\_  
(Name of individual)

**" MASTERCARD ' VISA ' AMERICAN EXPRESS ' DISCOVER " DINERS CLUB**

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

Mail the original of this form to: Clerk, U.S. Bankruptcy Court, Personal and Confidential: Financial Specialist, Room 126 U.S. Courthouse, 517 East Wisconsin Avenue, Milwaukee, Wisconsin 53202. The original of this form will be maintained in a secured location.

This form will be kept on file and remain in effect until specifically revoked in writing. It is the responsibility of the law firm named above, to submit a new form and notify the Court, in writing, of any changes to authorized users, new expiration date when the card has been renewed, change of information (e.g. card has been revoked, canceled or stolen,) or a change in address or phone number.