UNITED STATES DISTRICT COURT
DISTRICT OF NEW HAMPSHIRE

CREDIT CARD PAYMENT INFORMATION
(MUST BE SUBMITTED WITH EACH PAYMENT OBLIGATION)

YOUR OBLIGATION TO THE UNITED STATES DISTRICT COURT MAY BE SETTLED WITH YOUR VISA, MASTERCARD, DISCOVER,OR AMERICAN EXPRESS

INSTRUCTIONS:	**Accounting Use Only**
1. Completely fill out all blanks to ensure proper processing of this credit card form. 2. Mail completed form to: **Clerk, US District Court** **55 Pleasant Street, Room 110** **Concord, NH 03301-3941**	
	Authorization number
	Authorization date
	Reference number

☐ **Visa** ☐ **MasterCard** ☐ **Discover** ☐ **American Express**

My Bank Card Number is:

Good thru:

CVC2 Number: *(This is the 3 or 4 digit code on the back of the credit card.)*

Payment Amount: $

Case Number:

State reason for payment:

(Print) **Name** _____

Address _____

City _____ **State** _____ **Zip** _____

Daytime Phone No. _____

Cardholder acknowledges that the United States District Court will apply the payment amount shown above to the debt(s) represented by the referenced docket number. Cardholder agrees to perform the obligations set forth in the cardholder's agreement with issuer.

_____

Authorized Signature **Date**