



PUBLIC NOTICE

01-12

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA
Brenda K. Argoe, Clerk of Court



TO: Practitioners/Constituents

SUBJECT: Bankruptcy Fees Payable By Credit Card

DATE: October 3, 2001

Effective November 1, 2001, the United States Bankruptcy Court for the District of South Carolina will permit payments for services, court filing fees, expenses and monetary sanctions whenever the holder of a valid credit card (Cardholder)* offers to pay for such fees or services by presenting an accepted credit card to the Clerk's Office.

BLANKET AUTHORIZATION FORM (ATTACHED): Law firms, partnerships, professional corporations, and sole practitioners may present or mail a blanket authorization form, to the Court which will permit any lawyer associated with the firm and any employees they designate from the firm 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 the Court's vault and should be mailed to:

United States Bankruptcy Court
Attn: JaNell Hedgepath, Chief Deputy
Post Office Box 1448
Columbia, SC 29202

A copy of the form may be obtained from the court's web page, www.scb.uscourts.gov, or from the kiosk in the public area of the Intake Division of the Clerk's office (there is no charge for this form).

TEMPORARY ADDITION TO AUTHORIZATION FORM (ATTACHED): An individual who is not already listed on the blanket authorization form may be authorized by the law firm to charge fees and costs to a credit card on a **one time basis** by using the TEMPORARY AUTHORIZATION FORM. Only the person whose signature appears on the back of the card will be permitted to sign the Temporary Authorization Form. The form must accompany the documents when they are submitted for filing. The form must contain the **original** signature of the cardholder. A photocopy of both sides of the card must be attached to the form if the card itself is not presented.

INDIVIDUAL CARDHOLDERS: A form is not necessary when payment is being made directly by a cardholder

*** PAYMENT BY CREDIT CARD IS NOT ACCEPTED FROM DEBTORS**

ACCEPTED CARDS ARE: Visa, MasterCard, NOVUS/Discover and American Express

Further questions about credit card payments should be addressed to: Karen Shepherd at 803 765-5436 x 3007 or JaNell Hedgepath at 803 765-5436 x 3003.

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA**

CREDIT CARD BLANKET AUTHORIZATION FORM

I hereby authorize the U. S. Bankruptcy Court for the District of South Carolina 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.

Credit Cardholder Name: _____

Address: _____

Telephone number: _____

Signature: _____ **Date:** _____

**NAMES OF INDIVIDUALS AUTHORIZED TO USE ACCOUNT NUMBER LISTED BELOW:
(Include cardholder name, if authorized user)**

_____	_____
_____	_____
_____	_____
_____	_____

Law Firm (or Sole Practitioner) Name: _____

Address: _____

Telephone Number: _____

VISA Account Number: _____	Exp. Date: _____
MASTERCARD Account Number: _____	Exp. Date: _____
DISCOVER Account Number: _____	Exp. Date: _____
AMERICAN EXPRESS Account Number: _____	Exp. Date: _____

Mail the **ORIGINAL** to U.S. Bankruptcy Court, Attn: JaNell Hedgepath, Chief Deputy, P.O. Box 1448, Columbia, SC 29202-1448. The original of this form will be maintained in the Court's vault and *will remain in effect until the cardholder specifically revokes it in writing.*

It is the responsibility of the cardholder and/or law firm named above to submit a new form and notify the Court when (1) authorized users change, (2) a credit card has been renewed resulting in a new expiration date, and (3) a card has been revoked, canceled, or stolen.

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA**

TEMPORARY AUTHORIZATION FORM

I hereby authorize the U. S. Bankruptcy Court for District of South Carolina to charge the credit card listed below for payment of fees, costs, fines, and expenses which are listed below. I certify that I am a person who is authorized to use this credit card. This form has been signed by the person whose signature appears on the back of the credit card and either (1) the card is being presented simultaneously with this form or (2) a copy of the front and back of the credit card is attached hereto.

Credit Cardholder Name: _____

Address: _____

Signature: _____ **Date:** _____

Daytime Telephone No.: _____ **Fax No.:** _____

CARD INFORMATION:

VISA Account No.: _____ **Exp. Date:** _____

MASTERCARD Acct. No.: _____ **Exp. Date:** _____

DISCOVER Account Number: _____ **Exp. Date:** _____

AMERICAN EXPRESS Account Number: _____ **Exp. Date:** _____

CHARGE INFORMATION: Please list the appropriate amounts for each applicable charge.

Filing Fees (for new cases)	\$ _____
Motion Fees	\$ _____
Conversion Fee	\$ _____
Amendment Fee	\$ _____
Search Fee	\$ _____
Copies and Certificates made by Court	\$ _____
Appeal Fee	\$ _____
File Retrieval from Archives	\$ _____
Adversary Filing Fee	\$ _____
Other: _____	\$ _____
TOTAL CHARGES	\$ _____

If card is not being presented, you must photocopy the credit card (BOTH SIDES) and attach the copy to this form.