

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLORADO
901 19th Street, Room A105
Denver, Colorado 80294-3589
303-335-2466 Fax: 303-335-2714

SINGLE TRANSACTION CREDIT CARD AUTHORIZATION FORM

(NOTE: THIS FORM CANNOT BE USED FOR FUTURE CHARGES. A NEW CREDIT CARD AUTHORIZATION FORM MUST BE COMPLETED FOR EACH CHARGE.)

This credit card authorization form can be used to pay the Court's Certificate of Good Standing fee - currently \$20.00 for each Certificate of Good Standing (price subject to the [Schedule of Fees](#) changes).

Certificate of Good Standing fee(s) for:

Attorney name: _____

Attorney name: _____

Attorney name: _____

Please Print Credit Card Information:

Full Name on Card: _____

Billing address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Type of Card: _____ Card #:(separate with dashes) _____

Exp. Date: _____ V-CODE: (3 or 4 digit # on back of card) _____

I hereby authorize the use of this credit card for a one-time charge for the payment noted above. The information will not be used for any other charges. By my "S/" signature I acknowledge under penalty of perjury that I am authorized to approve the use of this credit card on behalf of the holder of this card.

Date: _____

Approved by: S/ _____ (Type Signature after the "S/")

Note: Please send the completed form to the court's Attorney Services Division here: COD_AttorneyServices@cod.uscourts.gov.