

## PACER Service Center (PSC) P.O. Box 780549 San Antonio, TX 78278

## **REFUND FORM**

Phone Number: (800) 676-6856, Fax Number (210) 301-6441, Email pacer@psc.uscourts.gov

Complete this form and submit it along with a letter of request to receive a refund for payments made to the PACER Service Center. You may forward your documentation by fax or mail to the address listed above. Please allow 4-6 weeks for payment processing. In most cases refunds will be issued via electronic funds transfer or back to the credit card used originally. The refund will appear as a credit to your checking or savings account or your credit card statement. Complete Section I and IV for refund by credit card. Complete Section II and IV for refund by electronic check. **Please type or print clearly.** 

| Login ID:           | Firm Name:   |    |   |  |        |
|---------------------|--|----|---|--|--------|
|                     | POC:  Refund <b>credit card</b> previously used (check box and proceed to Section IV) <b>Payment Information</b> (Payment will be made by <b>Electronic Funds Transfer</b> ) |    |   |  |        |
| Section I           |  |    |   |  |        |
| Section II          |  |    |   |  |        |
| Payee:              |  |    | Financial Institution:  |  |        |
| Name:               |  |    | Name of bank:   |  |        |
| Address: City: Zip: |  |    | City of bank:  Zip of bank:  State of bank:   |  |        |
|                     |  |    |   |  | State: |
|                     | Num/Tax ID:  |    | Account Number:  Type of Acct: Checking: Savings:   |  |        |
|                     |  |    |   |  |        |
|                     | <del></del>  |    | <del></del>   |  |        |
| Section III         | Notes:   |    |   |  |        |
|                     |  |    |   |  |        |
|                     | -  |    |   |  |        |
| Section IV          |  |    |   |  |        |
|                     | Telephone number   |    | Printed name of payee   |  |        |
|                     |  |    |   |  |        |
|                     | Date   |    | Signature of payee  |  |        |
|                     |  |    |   |  |        |
|                     | Fax this form to: (210) 301-6441   | OR | Mail to: PACER Service Center PACER Registration P.O. Box 780549 San Antonio, TX 78278-0549 |  |        |