



Approved: \_\_\_\_\_

Date: \_\_\_\_\_

## REQUEST FOR PAY.GOV REFUND

Date of Request: \_\_\_\_\_ Requested by: \_\_\_\_\_  
(Name of Counsel)

Case Number: CM/ECF C Case Caption: \_\_\_\_\_

CMECF Document #: \_\_\_\_\_ Purpose of Payment: \_\_\_\_\_

Email to send confirmation of refund:  
\_\_\_\_\_

Justification for Request:

### Payment Information

#### **First Payment**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Amount: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

Tracking ID: \_\_\_\_\_

#### **Second Payment**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Amount: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

Tracking ID: \_\_\_\_\_

[You must submit your Pay.Gov receipt\(s\) and this form via email to the Finance Dept. at finance@waed.uscourts.gov](mailto:finance@waed.uscourts.gov)