



Approved: _____

Date: _____

REQUEST FOR PAY.GOV REFUND

Date of Request: _____ Requested by: _____
(Name of Counsel)

Case Number: _____ Case Caption: _____

CM/ECF Document #: _____ Purpose of Payment: _____

Email to send confirmation of refund:

Justification for Request:

Payment Information

First Payment

Date: _____ Time: _____ Amount: _____

Account Holder Name: _____

Pay.Gov Tracking ID: _____ Agency Tracking ID: _____

Second Payment

Date: _____ Time: _____ Amount: _____

Account Holder Name: _____

Pay.Gov Tracking ID: _____ Agency Tracking ID: _____

****You Must Attach Your Pay.Gov Receipt and Other Documentation and Submit to finance@waed.uscourts.gov ****