

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 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 above address. 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 Sections I and IV for refund by credit card. Complete Sections II and IV for refund by electronic check. **Please type or print <u>clearly</u>**.

Account number	er:	Fir	m name:	
			POC:	
Section I	Refund credit	card previous	sly used (check box and procee	
Section II	Payment Informat	ion (Payment	will be made by electronic fun	ds transfer)
Payee	Financial Institution			
Name:			Name of bank:	
Address:			City of bank:	State of bank:
			Zip of bank:	
City:	State:		Routing number:	
Zip:			Account Number:	
SSN/Tax ID:			Type of Acct: Checking:	Savings:
Section IV				
Security 1	Phone number		Printed name of payee	
	Date		Signature of payee	
Fax to: OR (210) 301-6441		OR	Mail to: PACER Service Center PACER Registration P.O. Box 780549 San Antonio, TX 78278-0549	