



UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

APPLICATION FOR REFUND OF ERRONEOUS ELECTRONIC PAYMENTS

Initial Application _____ Denied Application _____
(Only check one box)

Applicant Information:

Full Name: _____
Last First M.I.

Law Firm: _____ Phone: _____
Law Firm Phone #

Address: _____
Street (Include: Ste./Apt./Room No.) City

_____ Email: _____
State Zip Code

Payment Information:

Case Number: _____ Filer: _____

Receipt No.:A/B PAEDC- _____ Transaction Date: _____

Payment Amount: _____ Purpose of Payment: _____
Refund Requested

Explanation for Refund Request

Certification and Signature

The above request for refund is made pursuant to this Court's Standing Order permitting the refund of erroneous electronic fee payments through Pay.gov. I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Clerk's Office Only: Approved _____ Denied _____ Date: _____

Please forward completed application to: Fiscal@paed.uscourts.gov