



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)