

Pay.gov Online Payment Form Instructions Effective 8/5/21 Updated 9/4/24

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# About

The United States Bankruptcy Court for the District of Nevada uses Form payments offered through Pay.gov, a program of the U.S. Department of the Treasury, Bureau of the Fiscal Service.

Pay.gov allows individuals who are not registered CM/ECF filers to submit payments to the Court electronically by means of debit card, ACH (electronic payment from a bank account), or PayPal. Registered CM/ECF filers must continue to submit payments through the ECF system with the following exceptions:

- Request for certified copy(ies) of documents
- Request for copy(ies) of documents
- Request for record search
- Request for the reproduction of an audio recording

#### Payments must meet a minimum requirement of at least \$0.10.

If you have any questions, please contact the ECF Help Desk at (866) 232-1266.

## **Debit Card Instructions**

To begin the payment, click here.

1. Once you click the link to begin, you will be brought to the information page. Click **Continue to the Form**" when you are ready to begin.



1	2	3	4	5
Before You Begin	Complete Agency Form	Enter Payment Info	Review & Submit	Confirmation
About this form				
Use this form to pay filing fo Bankruptcy Court, District o	ees, installment payments, sea of Nevada.	rches, copies, certifications,	recordings of hearings and c	other fees for the U.S.
Accepted Payment Metho	ds:			
Bank account (ACH)				
<ul><li>PayPal account</li><li>Debit card</li></ul>				
With an account you can:				
See the payments you n	nade since you created an acco	ount.		
Store payment information	tion so you don't have to re-en	ter it.		
Copy a form you already	y submitted the next time you	need to make a payment.		
To take advantage of thes button.	e benefits, you can <u>Sign In</u> or	Create an Account . To con	tinue as a guest user, click	the 'Continue to the Fo
Preview Form Cane	cel			Continue to the For
he information w	/ith an asterisk (*)	is required to cor	mplete the payme	ent. Please
nput the following	g:			
a. Payer Info	rmation			
i. Firs	t Name			
ii Las	t Name			

- iii. Telephone
- iv. Email
- b. Case Information
  - i. Case Number
  - ii. Debtor(s) Name(s) as it appears in the case
  - iii. Description of the fee being paid [(i.e. Installment payment, filing fee (include chapter number), Copies (include qty), etc.]
  - iv. Total Payment Amount

If you are the debtor in the case and are making the payment with your debit card, enter your information in both sections – Payer information, Debtor Name.

c. Click **Continue**. If you need help determining the total payment, contact the Clerk's Office at (866) 232-1266.

Image: A start of the start	2	3	4	5
Before You Begin	Complete Agency Form	Enter Payment Info	Review & Submit	Confirmation
ATTE OF MAR	United State Distr	es Bankruptcy Court ict of Nevada		
Payer Information				
* First Name:	Jane M	* Last Name: Doe		
* Telephone:	702-555-1212			
* Email:	address@email.com			
Case Information				
* Case Number:	21-10001			
* Debtor(s) Name(s):	Jane Doe			
* Provide a brief desc	cription of the fee being paid:			
3rd Installment Pa	yment for a Chapter 7		<i>h</i>	
Example: Filing feat to Reopen, Amende	e, installment payment Ch.7/Ch.13/ ed Schedules	Ch.11, copies (quantity), certifica	tion (quantity), Motion	
* Total Payment:	\$80.00			
	PDF Preview	Continue		

### Nevada Bankruptcy (NVB) Payment Form

3. Enter payment info at the payment information screen. Select **Debit card** from the options below and click **Next**.

Pofere You Regin		3 Fatas Baumant lafa	4 Daviau & Submit	5 Confirmation
Before You Begin	Complete Agency Form	Enter Payment into	Review & Submit	Commation
Payment Information				
Payment Amount \$80.00				
* I want to pay with my				
Bank account (ACH)				
PayPal account				
Debit card				
Previous Return	to Form Cancel			Next

### Nevada Bankruptcy (NVB) Payment Form

4. Enter the billing information in the required fields. Once finished, click **Review** and Submit Payment. Nevada Bankruptcy (NVB) Payment Form

Before You Begin	Complete Agency	3 Form Enter Payment Inf	4 Review & Submit	5 Confirmation
Please provide the payme	nt information below	. Required fields are marked wi	ith an *	
* Payment Amount				
\$80.00				
* Cardholder Name				
Jane Doe				
* Cardholder Billing Addre	255			
Billing Address 2				
City				
* Country				
United States		¢		
* State/Province				
Select State/Province		\$		
* ZIP/Postal Code				
* Card Number				
MasterCard We Accept Debit * Expiration Date				
Select	Select	\$		
* Security Code What's this? Case Number				
21-10001 Debtor Name				
Payer Name Jane Doe				
Phone 702-555-1212				
Email address@email.com				
Description 3rd Installment Payment f	or a Chapter 7			
Previous Return	to Form		Rev	view and Submit Payment

5. On the Review & Submit screen, review all information for accuracy and submit the payment for processing. Be sure to check the following box: I authorize a charge to my card account for the above amount in accordance with my card issuer agreement. Click Submit Payment. Nevada Bankruptcy (NVB) Payment Form

Before You Begin       Complete Agency Form       Inter Payment Info       Review & Submit         Pagenet Information         Payment Information         Payment Type: Debit card         Payment Type: Typ	(J)(4)	5
lease review the payment information below. Required fields are marked with an * ayment Information ayment Type: Debit card ayment Amount: \$80.00 ase_Number: 21-10001 ebtor_Name: Jane Doe ayer_Name: Jane Doe ayer_Name: Jane Doe escription: 3rd Installment Payment for a Chapter 7 ccount Information ardholder Billing Address: 123 Anytown Street illing Address 2: ity: Las Vegas ountry: United States tate/Province: NV IP/Postal Code: 89101 ard Type: Visa ard Number: ************************************	in Complete Agency Form Enter Payment Info Review & Submit Co	nfirmation
Payment Information   ayment Type: Debit card   ayment Amount: \$80.00   ase_Number: 21-1001   betor_Name: Jane Doe   ayer_Name: Jane Doe   hone: 702-555-1212   mail: address@email.com   bescription: 3rd Installment Payment for a Chapter 7   cocount Information   ardholder Name: Jane Doe   ardholder Silling Address: 123 Anytown Street   illing Address 2:   ity: Las Vegas   ountry: United States   tate/Province: NV   IP/Postal Code: 89101   ard Type: Visa   ard Number: ************************************	ment information below. Required fields are marked with an *	
Payment Type: Debit card Payment Amount: \$80.00 Case_Number: 21-10001 Debtor_Name: Jane Doe Payer_Name: Jane Doe Phone: 702-555-1212 Email: address@email.com Description: 3rd Installment Payment for a Chapter 7 Account Information Cardholder Billing Address: 123 Anytown Street Billing Address 2: Erty: Las Vegas Country: United States State/Province: NV ZIP/Postal Code: 89101 Card Type: Visa Card Number: ************************************	tion	
Payment Amount: \$80.00 Case_Number: 21-10001 Debtor_Name: Jane Doe Payer_Name: Jane Doe Phone: 702-555-1212 Email: address@email.com Description: 3rd Installment Payment for a Chapter 7 Account Information Cardholder Name: Jane Doe Cardholder Billing Address: 123 Anytown Street Billing Address 2: City: Las Vegas Country: United States State/Province: NV ZIP/Postal Code: 89101 Card Type: Visa Card Number: ************************************	ard	
Case_Number: 21-10001 Debtor_Name: Jane Doe Payer_Name: Jane Doe Phone: 702-555-1212 Email: address@email.com Description: 3rd Installment Payment for a Chapter 7 Account Information Cardholder Billing Address: 123 Anytown Street Billing Address 2: City: Las Vegas Country: United States State/Province: NV ZIP/Postal Code: 89101 Card Type: Visa Card Number: ************************************	.00	
Debtor_Name: Jane Doe Payer_Name: Jane Doe Phone: 702-555-1212 Email: address@email.com Description: 3rd Installment Payment for a Chapter 7 Account Information Cardholder Name: Jane Doe Cardholder Billing Address: 123 Anytown Street Billing Address 2: City: Las Vegas Country: United States State/Province: NV ZIP/Postal Code: 89101 Card Type: Visa Card Type: Visa Card Number: ************************************	01	
Payer_Name: Jane Doe Phone: 702-555-1212 Email: address@email.com Description: 3rd Installment Payment for a Chapter 7 Account Information Cardholder Name: Jane Doe Cardholder Billing Address: 123 Anytown Street Billing Address 2: Eity: Las Vegas Country: United States State/Province: NV ZIP/Postal Code: 89101 Card Type: Visa Card Number: ************************************	0e	
Phone: 702-555-1212 Email: address@email.com Description: 3rd Installment Payment for a Chapter 7 Account Information Cardholder Name: Jane Doe Cardholder Billing Address: 123 Anytown Street Billing Address 2: City: Las Vegas Country: United States State/Province: NV ZIP/Postal Code: 89101 Card Type: Visa Card Number: ************************************	e	
Email: address@email.com Description: 3rd Installment Payment for a Chapter 7 Account Information Cardholder Name: Jane Doe Cardholder Billing Address: 123 Anytown Street Billing Address 2: City: Las Vegas Country: United States State/Province: NV ZIP/Postal Code: 89101 Card Type: Visa Card Number: ************************************		
Description: 3rd Installment Payment for a Chapter 7 Account Information Cardholder Name: Jane Doe Cardholder Silling Address: 123 Anytown Street Billing Address 2: City: Las Vegas Country: United States State/Province: NV ZIP/Postal Code: 89101 Card Type: Visa Card Type: Visa Card Number: ************************************	com	
Account Information Cardholder Name: Jane Doe Cardholder Billing Address: 123 Anytown Street Billing Address 2: City: Las Vegas Country: United States State/Province: NV ZIP/Postal Code: 89101 Card Type: Visa Card Number: ************************************	lment Payment for a Chapter 7	
Cardholder Name: Jane Doe Cardholder Billing Address: 123 Anytown Street Billing Address 2: City: Las Vegas Country: United States State/Province: NV CIP/Postal Code: 89101 Card Type: Visa Card Number: ************************************	ion	
Cardholder Billing Address: 123 Anytown Street Billing Address 2: City: Las Vegas Country: United States State/Province: NV ZIP/Postal Code: 89101 Card Type: Visa Card Type: Visa Card Number: ************************************	ie Doe	
Billing Address 2: City: Las Vegas Country: United States State/Province: NV ZIP/Postal Code: 89101 Card Type: Visa Card Type: Visa Card Number: ************************************	ress: 123 Anytown Street	
City: Las Vegas Country: United States State/Province: NV ZIP/Postal Code: 89101 Card Type: Visa Card Type: Visa Card Number: ************************************		
Country: United States State/Province: NV ZIP/Postal Code: 89101 Card Type: Visa Card Number: ************************************		
State/Province: NV ZIP/Postal Code: 89101 Card Type: Visa Card Number: ************************************	\$	
ZIP/Postal Code: 89101 Card Type: Visa Card Number: ************************************		
Card Type: Visa Card Number: ************************************	۱ <u> </u>	
Card Number: ************************************	-	
* Email Address: address@email.com * Confirm Email Address: address@email.com CC:		
* Email Address: address@email.com * Confirm Email Address: address@email.com CC:		
address@email.com  * Confirm Email Address: address@email.com  CC:		
* Confirm Email Address: address@email.com CC:	l.com	
address@email.com CC:	Address:	
CC:	l.com	
You may enter multiple email addresses in this field. Separate email addresses with a comma.	iple email addresses in this field. Separate email addresses with a comma.	
I authorize a charge to my card account for the above amount in accordance with my card issuer agreement	parente my card account for the above amount in accordance with my card iccuer arreement "	

6. Below is a sample of the Confirmation page. Pay.gov will email a receipt to the email address you listed in Step 2.

Payment Confirmation - Nevada Bankruptcy (NVB) Payment Form

(y)(y)(y)(5)
Before You Begin Complete Agency Enter Payment Review & Submit Confirmation Form Info
Your payment is complete
You will not be able to access this receipt once you leave this page. A confirmation email has been sent to address@email.com.
Because you are not signed in:
This payment will not show in your payment activity. You can sign in or create an account now and Pay.gov will have a record of your payment.
To confirm your payment went through:
Contact the federal government agency you paid. Pay.gov is unable to cancel this transaction.
We value your feedback!
Let us know how we did. Complete our short two minute survey.
Tracking Information
Pay.gov Tracking ID: 3FPL4T5R
Agency Tracking ID: 120046509025
Form Name: Nevada Bankruptcy (NVB) Payment Form
Application Name: Nevada Bankruptcy (NVB) Payment Form
Payment Information
Payment Type: Debit card
Payment Amount: \$80.00
Transaction Date: 07/19/2021 01:55:06 PM EDT
Payment Date: 07/19/2021
Case Number: 21-10001
Debtor Name: Jane Doe
Payer Name: Jane Doe
Phone: 702-555-1212
Email: address@email.com
Description: 3rd Installment Payment for a Chapter 7
Account Information
Cardholder Name: Jane Doe
Card Type: Visa
Card Number: *******
Register today!
Create an Account or Sign In
Please consider creating a Pay.gov account. With a Pay.gov account you can manage payments and view history.

7. Your email confirmation may appear like the example below:





Pay.gov is a program of the U.S. Department of the Treasury, Bureau of the Fiscal Service

# **ACH Instructions**

To begin the payment, click here.

1. Once you click the link to begin, you will be brought to the information page. Click "Continue to the Form" when you are ready to begin.

Nevada B	Bankruptcy	(NVB) P	Payment Form
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(1)	2	3	4	5
Before You Begin	Complete Agency Form	Enter Payment Info	Review & Submit	Confirmation
About this form				
Use this form to pay filing fe Bankruptcy Court, District c	ees, installment payments, sear of Nevada.	rches, copies, certifications,	recordings of hearings and o	ther fees for the U.S.
Accepted Payment Method	ls:			
Bank account (ACH)				
PayPal account				
Debit card				
With an account you can:				
See the payments you n	nade since you created an acco	unt.		
Store payment informat	ion so you don't have to re-ent	ter it.		
Copy a form you already	/ submitted the next time you r	need to make a payment.		
To take advantage of these button.	e benefits, you can <u>Sign In</u> or	Create an Account . To con	tinue as a guest user, click t	he 'Continue to the For
Preview Form Cano	<u>cel</u>			Continue to the Form

- 2. The information with an asterisk (\*) is required to complete the payment. Please input the following:
  - a. Payer Information
    - i. First Name
    - ii. Last Name
    - iii. Telephone
    - iv. Email
  - b. Case Information
    - i. Case Number
    - ii. Debtor(s) Name(s) as it appears in the case
    - iii. Description of the fee being paid [(i.e. Installment payment, filing fee (include chapter number), Copies (include qty), etc.]

iv. Total Payment Amount

If you are the debtor in the case and are making the payment with ACH, enter your information in both sections – Payer information, Debtor Name.

c. Click **Continue**. If you need help determining the total payment, contact the Clerk's Office at (866) 232-1266.

Before You Begin	2 Complete Agency	3 Enter Payment Info	4 Review & Submit	5 Confirmation
	Form			
AND CONTRACTOR	United State Distr	es Bankruptcy Court ict of Nevada		
Payer Information				
* First Name:	Jane M	* Last Name: Doe		
* Telephone:	702-555-1212			
* Email:	address@email.com			
Case Information				
* Case Number:	21-10001			
* Debtor(s) Name(s):	Jane Doe			
* Provide a brief desc	cription of the fee being paid:			
3rd Installment Pay	rment for a Chapter /		4	
Example: Filing fee to Reopen, Amende	e, installment payment Ch.7/Ch.13/ ed Schedules	Ch.11, copies (quantity), certificat	tion (quantity), Motion	
* Total Payment:	\$80.00			
	PDF Preview	Continue		

Nevada Bankruptcy (NVB) Payment Form

3. Enter payment info at the payment information screen. Select **Bank account** (ACH) from the options below and click **Next**.

Before You Begin		3 Enter Payment Info	4 Poviow & Submit	5 Confirmation
Delore Tou Degin	Complete Agency Form	Enter r ayment into	Neview & Subinit	Committation
Payment Information				
Payment Amount \$80.00				
* I want to pay with my	_			
Bank account (ACH)				
PayPal account				
O Debit card				
Previous Return	to Form Cancel			Next

### Nevada Bankruptcy (NVB) Payment Form

4. **Select Account Type** from the dropdown menu (Business Checking or Business Savings). Enter your banking information in the required fields. Once finished, click **Review and Submit Payment**.

(-)	(⁄)	3	4	5
Before You Begin	Complete Agency Form	Enter Payment Info	Review & Submit	Confirmation
lease provide the paym	ent information below. Require	ed fields are marked with ar	1*	
Payment Amount				
\$80.00				
Payment Date (mm/dd/	уууу)			
07/20/2021				
Earliest Payment Dat	e Choose Payment Dat	te		
Account Holder Name				
Jane Doe				
Select Account Type				
Select		÷		
In the State of State				
Routing Number				
Account Number				
Confirm Account Numb	er			
asa Numbar				
1-10001				
ebtor Name ane Doe				
ayer Name ane Doe				
'hone 02-555-1212				
mail ddress@gmail.com				
escription nd Installment Payment	for a Chapter 7			

Previous

**Return to Form** 

Cancel

5. On the Review & Submit screen, review all information for accuracy and submit the payment for processing. Be sure to check the following box: I agree to the Pay.gov authorization and disclosure statement. Click Submit Payment.

	(\/	( <i>s</i> )	(4)	5
Before You Begin	Complete Agency Form	Enter Payment Info	Review & Submit	Confirmation
Please review the payment	information below. Required fi	elds are marked with an *		
Payment Information				
Payment Type: Bank accou	nt (ACH)			
Payment Amount: \$80.00				
Payment Date: 07/21/2021				
Case_Number: 21-10001				
Debtor_Name: Jane Doe				
Payer_Name: Jane Doe				
Phone: 702-555-1212				
Email: address@email.com	i			
Description: 2nd Installmer	nt Payment for Chapter 7			
Account Information				
Account Holder Name: Jan	e Doe			
Routing Number:				
Account Number: *******	***1234			
* Email Address:				
address@email.con	n			
* Confirm Email Addr	ess:			
address@email.con	n			
CC:				
Vou may enter multiple	amail addresses in this field Se	enarate email addresses wi	th a comma	
iou may enter matapies	emun dudresses in ans neid. Se	epurate eman addresses wi	and commu.	
Authorization and Di	sclosure Statement			
Authorization and Discle The debit transaction(s) handled on behalf of Fee consists of services offer Bureau of the Fiscal Serv "us" refers to the Bureau and contractors operatin	sureConsumers and Busine: to which you are agreeing are deral agencies by "Pay.gov," w ed by the U.S. Treasury Depar vice. As used in this document o of the Fiscal Service and its a ng Pay.gov. "You" refers to the	sses ▲ hich tment's , "we" or gents ▼ end-		
Printable version				

Submit Payment

6. Below is a sample of the Confirmation page.Pay.gov will email a receipt to the email address you listed in Step 2.

Payment Confirmation - Nevada Bankruptcy (NVB) Paymen
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<ul> <li>—</li> </ul>				5
Before You Begin	Complete Agency Form	Enter Payment Info	Review & Submit	Confirmation
Your payment is s	submitted			
You will not be able to to address@email.co	o access this information.	on once you leave th	is page. A confirmation	email has been ser
Because you are not	signed in:			
This payment will not will have a record of y	t show in yo <mark>ur</mark> paymen your payment.	t activity. You can sig	gn in or create an accou	nt now and Pay.go
To confirm your pay	ment went through:			
Check your bank state	ement or account on th	he payment date		
For questions or to c	ancel this transaction	n:		
Contact the federal g	overnment agency you	paid. Pay.gov is una	ble to cancel this transa	action.
We value your feedb	ack!			
Let us know how we d	did. Complete our <u>shor</u>	t two minute survey		
Tracking Informa	tion			
Pay.gov Tracking ID: 3	SFPL8RT9			
Agency Tracking ID: 1	20046519104			
Form Name: Nevada	Bankruptcy (NVB) Payr	ment Form		
Application Name: Ne	evada Bankruptcy (NVE	3) Payment Form		
Payment Informa	ition			
Payment Type: Bank	account (ACH)			
Payment Amount: \$8	0.00			
Transaction Date: 07/	19/2021 05:16:21 PM E	DT		
Payment Date: 07/21/	/2021			
Case Number: 21-100	01			
Debtor Name: Jane D	oe			
Payer Name: Jane Do	e			
Phone: 702-555-1212				
Email: address@ema	il.com			
Description: 2nd Insta	allment Payment for a	Chapter 7		
Account Informat	ion			
Account Holder Name	e: Jane Doe			
Routing Number: 042	000424			
Account Number: ***	1234			
Register toda	ay!			
Create an Accour	nt or Sign	In		

7. Your email confirmation may appear like the example below:



Your payment has been submitted to the designated government agency through Pay.gov and the details are below. Please note that this is just a confirmation of transaction submission. To confirm that the payment processed as expected, you may refer to your bank statement on the scheduled payment date. If you have any questions or wish to cancel this payment, you will need to contact the agency you paid at your earliest convenience.

Application Name: Nevada Bankruptcy (NVB) Payment Form Pay.gov Tracking ID: 3FPL8RT8 Agency Tracking ID: 120046518102

Account Holder Name: Jane Doe Transaction Type: ACH Debit Transaction Amount: \$80.00 Payment Date: 07/21/2021

Account Type: Business Checking Routing Number: 042000424 Account Number: \*\*\*\*\*\*\*\*\*\*1234

Transaction Date: 07/19/2021 05:11:59 PM EDT Total Payments Scheduled: 1 Frequency: OneTime

Case Number: 21-10001 Debtor Name: Jane Doe Payer Name: Jane Doe Phone: 702-555-1212 Email: <u>address@email.com</u> Description: 2nd Installment Payment for a Chapter 7

THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY.



Pay.gov is a program of the U.S. Department of the Treasury, Bureau of the Fiscal Service

## **PayPal Instructions**

To begin the payment, click here.

1. Once you click the link to begin, you will be brought to the information page. Click "Continue to the Form" when you are ready to begin.

#### Nevada Bankruptcy (NVB) Payment Form

1	2	3	4	5
Before You Begin	Complete Agency Form	Enter Payment Info	Review & Submit	Confirmation
About this form				
Use this form to pay filing for Bankruptcy Court, District of	ees, installment payments, sea of Nevada.	rches, copies, certifications,	recordings of hearings and of	ther fees for the U.S.
Accepted Payment Metho	ds:			
Bank account (ACH)				
PayPal account				
Debit card				
With an account you can:				
See the payments you r	made since you created an acco	ount.		
Store payment informa	tion so you don't have to re-en	ter it.		
Copy a form you alread	y submitted the next time you	need to make a payment.		
To take advantage of thes button.	e benefits, you can <u>Sign In</u> or	Create an Account . To con	tinue as a guest user, click t	he 'Continue to the Fo
Preview Form Can	cel			Continue to the For
he information w	vith an asterisk (*)	is required to cor	mplete the pavme	nt. Please
nput the following	d:	,	, , ,	
a. Paver Info	rmation			
i Firs	t Name			
ii Loo	t Name			

- II. Last Name
- iii. Telephone
- iv. Email
- b. Case Information
  - i. Case Number
  - ii. Debtor(s) Name(s) as it appears in the case
  - iii. Description of the fee being paid [(i.e. Installment payment, filing fee (include chapter number), Copies (include qty), etc.]
  - iv. Total Payment Amount

If you are the debtor in the case and are making the payment with your PayPal account, enter your information in both sections – Payer information, Debtor Name.

c. Click **Continue**. If you need help determining the total payment, contact the Clerk's Office at (866) 232-1266.

Image: A start of the start	2	3	4	5
Before You Begin	Complete Agency Form	Enter Payment Info	Review & Submit	Confirmation
ATTE OF MAR	United State Distr	es Bankruptcy Court ict of Nevada		
Payer Information				
* First Name:	Jane M	* Last Name: Doe		
* Telephone:	702-555-1212			
* Email:	address@email.com			
Case Information				
* Case Number:	21-10001			
* Debtor(s) Name(s):	Jane Doe			
* Provide a brief desc	cription of the fee being paid:			
3rd Installment Pa	yment for a Chapter 7		<i>h</i>	
Example: Filing feat to Reopen, Amende	e, installment payment Ch.7/Ch.13/ ed Schedules	Ch.11, copies (quantity), certifica	tion (quantity), Motion	
* Total Payment:	\$80.00			
	PDF Preview	Continue		

### Nevada Bankruptcy (NVB) Payment Form

3. Enter payment info at the payment information screen. Select **PayPal account** from the options below and click **Next**.

		3	4	5
Before You Begin	Complete Agency Form	Enter Payment Info	Review & Submit	Confirmation
Payment Information				
Payment Amount \$80.00				
* I want to pay with my				
Bank account (ACH)				
<ul> <li>PayPal account *</li> <li>Debit card</li> </ul>				
Previous Return to Please note that when paying	Form <u>Cancel</u>			Next
<ul> <li>The maximum dollar amou you need to pay more than method.</li> </ul>	int allowed for a PayPal trans this amount, you must choo	saction is \$10,000.00. If ose a different payment		
<ul> <li>Once redirected to the Payl within 30 minutes, the tran</li> </ul>	Pal web site, if you do not co saction will fail and you will	mplete the transaction need to start over.		
Cookies must be enabled in	n your browser in order to us	e PayPal with Pay.gov.		

Nevada Bankruptcy (NVB) Payment Form

4. A prompt will indicate you are leaving the official Pay.gov website to visit PayPal. Click **OK**.



5. Input your associated PayPal account email address and click **Next**.



6. Enter your PayPal account password at the next screen and click Log In.

	PayPal
	Pay with PayPal
With	a PayPal account, you're eligible for free return shipping, Purchase Protection, and more.
	Change
Passw	ord
Sta	y logged in for faster purchases  ?
	Log In
L	Having trouble logging in?
	or
	Create an Account
Cancel and	return to Federal Reserve Bank of Cleveland

Federal Reserve Bank of Cleveland

 Once you have logged in to PayPal, you will be presented with your payment information. Select the checking account you wish to make the payment from and select **Continue**. You will be returned to the Pay.gov website to complete the payment.

**PayPal** Ъ \$80.00 USD Hi, Agency! Ship to Agency Test 1 Main St, San Jose, CA 95131 Change Make this my preferred shipping address Pay with \$80.00 Chase Manhattan USD Checking ••••6025 PREFERRED + Add debit or credit card Pay later NEW PayPal Credit You have PayPal Credit! Pay over time for your purchase of \$80.00. See terms Pay in 4 NEW 4 payments of \$20.00 due every 2 weeks, starting today.Learn more We do NOT accept Pay later options View PayPal Policies and your payment method rights. Continue

You'll be able to review your order before you complete your purchase.

The merchant requires your billing address to complete this payment.

 On the Review & Submit screen, review all information for accuracy and submit the payment for processing. Be sure to check the following box: I authorize this PayPal payment in the above amount in accordance with my PayPal agreement. Click Submit Payment.
 Nevada Bankruptcy (NVB) Payment Form

	cy (NVB) Payment P	onn		
	(√)	(\/	(4)	5
Before You Begin	Complete Agency Form	Enter Payment Info	Review & Submit	Confirmation
Please review the payment i	information below. Required fie	elds are marked with an *		
Payment Information				
Payment Type: PayPal accou	unt			
Payment Amount \$80.00				
Case_Number: 21-10001				
Debtor_Name: Jane Doe				
Payer_Name: Jane Doe				
Phone: 702-555-1212				
Email: address@email.com				
Description: 3rd Installment	Payment for a Chapter 7			
* Email Address				
address@email.com				
* Confirm Email Addre	255:			
address@email.com				
CC:				
You may enter multiple e	email addresses in this field. Se	eparate email addresses wi	th a comma.	
_				
* I authorize this PayP	al payment in the above amo	unt in accordance with my	PayPal agreement.	
Previous Return	to Form Cancel			Submit Payment

9. Below is a sample of the Pay.gov Confirmation page. Pay.gov will email a receipt to the email address you listed in Step 2.

#### Payment Confirmation - Nevada Bankruptcy (NVB) Payment Form

(	$\sim$	( <i>x</i> )	( <i>I</i> )	(⁄)	(5)	
Before \	⁄ou Begin	Complete Agency	Enter Payment	Review & Submit	Confirmation	
		Form	Info			
Your pay	ment is	complete				
You will no rosette_m	ot be able t ontes-hem	to access this receipt or npler@nvb.uscourts.go	nce you leave this pa v.	ge. A confirmation emai	l has been sent to	
Because y	ou are no	t signed in:				
This paym will have a	ent will no record of	ot show in your paymen your payment.	t activity. You can si	gn in or create an accou	nt now and Pay.gov	
To confirm	n your pay	ment went through:				
Contact th	e federal g	government agency you	ı paid. Pay.gov is una	ble to cancel this transa	action.	
We value	your feed	back!				
Let us kno	w how we	did. Complete our <u>sho</u>	r <mark>t two minute surve</mark> y	4		
Tracking	, Informa	ation				
Pay.gov Tr	acking ID:	3FPL8RTA				
Agency Tra	gency Tracking ID: 120046519105					
PayPal Tra	nsaction II	D: 0MM6399481172200	U			
Form Nam	e: Nevada	Bankruptcy (NVB) Payr	ment Form			
Applicatio	n Name: N	levada Bankruptcy (NVI	B) Payment Form			
Paymen	t Inform	ation				
Payment 1	ype: PayPa	al account				
Payment /	mount: \$8	30.00				
Transactio	n Date: 07	/19/2021 05:36:20 PM E	DT			
Payment (	)ate: 07/19	)/2021				
Case Num	ber: 21-10	001				
Debtor Na	me: Jane [	Doe				
Payer Nan	ne: Jane Do	oe				
Phone: 70	2-555-1212	2				
Email: add	lress@ema	ail.com				
Descriptio	n: 3rd Insta	allment Payment for a	Chapter 7			
Regist	er tod	ay!				
			_			

10. Your email receipt may appear like the example below:

An official email of the United States government
Pay gov'
Your payment has been submitted to Pay.gov and the details are below. If you have any questions regarding this payment, please contact Nevada Bankruptcy Help Desk at (866) 232-1266 or helpdesk@nvb.uscourts.gov.
Application Name: Nevada Bankruptcy (NVB) Payment Form Pay.gov Tracking ID: 3FPKTR07 Agency Tracking ID: 120046295624 PayPal Transaction ID: 1SL20994XU794430S Transaction Type: Sale Transaction Amount: \$80.00 Transaction Date: 07/19/2021 11:33:19 AM EDT Payment Method: PayPal
Case Number: 21-10001 Debtor Name: Jane Doe Payer Name: JaneDoe Phone: 702-555-1212 Email: <u>address@email.com</u> Description: 1st Installment Payment for Chapter 7
THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY.
ay.gov is a program of the o.s. bepartment of the freasury, bureau of the fiscal service

## **Questions?**

Please contact the ECF Help Desk at (866) 232-1266 or <u>helpdesk@nvb.uscourts.gov</u>.