# Refund Form

## Central Violations Bureau (CVB)

P.O. Box 780549
San Antonio, TX 78278
Phone Number: (800) 827-2982, Fax Number: (210) 301-6401

Email: info@cvb.uscourts.gov

To receive a refund for payments made to CVB you must submit **both (1) a letter stating that you are requesting a refund and (2) this Refund Form**. Send your documentation by fax or mail to the address listed above. Please allow 4-6 weeks for payment processing. 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 III for refund by credit card. Complete sections II and III for refund by electronic check. Credit card refunds cannot be processed over 180 days from the payment date. **Please type or print clearly**. Incomplete forms will not be processed.

A fillable version of this form can be downloaded at: www.cvb.uscourts.gov/refund

Location Code: _____     Violation Number: _____

**Section I**     Refund **credit card** account previously used (check box and proceed to Section III)

**Section II**     **Payment Information** (Payment will be made by **Electronic Funds Transfer** - EFT)

**Payee (all fields are required):**
Name: _____
Address: _____
_____
City: _____
State: _____
Zip: _____

**Financial Institution (all fields are required):**
Name of bank: _____
City of bank: _____
State of bank: _____  Zip: _____
Routing Number: _____
Account Number: _____
Type of Acct:  Checking     or Savings
*Social Security Number: _____

**Section III**

Telephone number: _____

Date: _____

Printed name of defendant/payee: _____

Signature of defendant/payee: _____

*Required field for EFT refund - See https://fiscal.treasury.gov/top/ for more information.*

## For Court or Agency Use Only

Have the defendant complete the top portion of this form, add your contact information below and send it with the docket or order requesting a refund to the CVB. If a refund is requested by the court or agency a letter from the defendant is not required.

Identification of person making this request:

Name: _____     Phone Number: _____

Originating Office: _____