

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF NEW YORK

CREDITOR/LIMITED FILER REQUEST FOR CHANGE OF CONTACT INFORMATION IN ECF SYSTEM

This form is to be used only for a change of Employer, Address, Phone/Fax number, and/or e-mail address of a Filing User of the ECF System. **If you are leaving or changing Employer and you are currently an e-filer, you must also register online for a new CM/ECF account. [Click here to re-register.](#)**

Full Name of ECF user: _____

Former Company/Employer Name: _____

Former Address: _____

NEW COMPANY/EMPLOYER NAME: _____

NEW ADDRESS (Include Zip Code): _____

NEW PHONE NUMBER: _____

NEW FAX NUMBER: _____

NEW PRIMARY EMAIL ADDRESS: _____

I hereby authorize the Clerk's Office to make the necessary changes to update my CM/ECF user account with the new information, as indicated above. **If I am changing/leaving employer, I understand I must register online for a new CM/ECF user account before the above changes will be made.**

Effective Date

Signature

Print Your Name

**The original completed form must be mailed via U.S. Mail. Submit the signed form in paper to:
U.S. Bankruptcy Court, Robert H. Jackson U.S. Courthouse, 2 Niagara Square,
Buffalo, New York 14202.**