1. Login to www.pacer.gov.
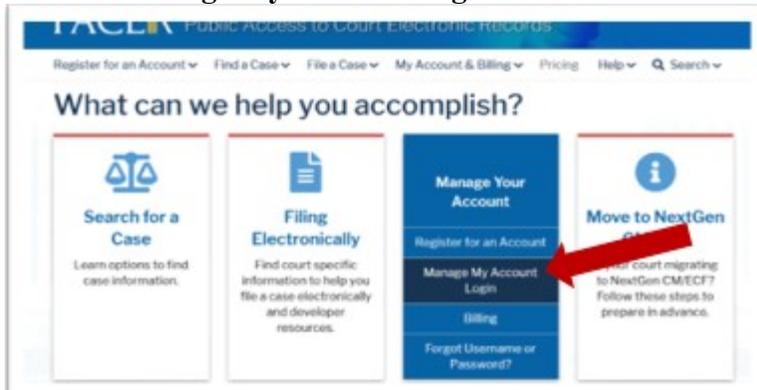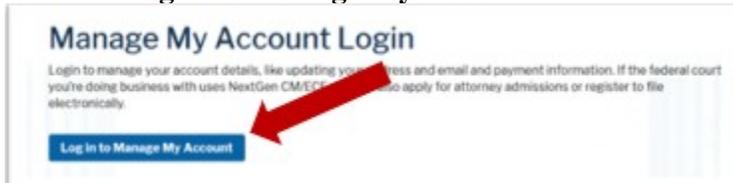2. Hover over **Manage My Account.**

3. Click on **Manage My Account Login**.

4. Click on **Log in to Manage My Account.**

5. Enter **username/password.**

Enter your PACER credentials to update personal information, register to e-file, make an online payment, or to perform other account maintenance functions.

➔ Login
* Required Information

Username * [   ]

Password * [   ]

[Login]   [Clear]   [Cancel]

Need an Account? | Forgot Your Password? | Forgot Username?

NOTICE: This is a restricted government website for official PACER use only. Unauthorized entry is prohibited and subject to prosecution under Title 18 of the U.S. Code. All activities and access attempts are logged.

6. Click **Login.**
7. Select the **Payments** tab and then select **Manage My Stored Payment Information.**

| Settings | Maintenance | Payments | Usage |

Make One-Time PACER Fee Payment   Manage My Stored Payment Information

8. If you need to make changes to the default **Payment Information** (not required), check/uncheck the box of the appropriate option(s).

☐ Autobill PACER fees
☐ E-filing fees default
☐ Admissions fees default

To use the same account for multiple fee types, once account information is entered, click in the box next to one or multiple fee types to designate the entered payment method for that account.

If you check the box for **Autobill PACER fees**, you will need to check the box in the **PACER Search Fees Auto Billing Acknowledgment**

pop up box; click **Submit**.

9. If you need to make changes to the account holder's name, address and/or credit card expiration date previously stored, click on **Update**, make the appropriate changes and click **Submit** to save changes.

10. If you need to add a **Credit Card**, select the appropriate option.

11. Complete the **Add/Update Credit Card Payment** information; click **Submit**.

Add/Update Credit Card Payment

* Required Information

Account Holder Name *	Test Attorney
Card Type *	Visa
Account Number *	XXXXXXXXXXXXX1111
Card Expiration Date *	01 / 2021

☐ Use billing address

Address *	!
City *	Kansas City
State *	Missouri
Zip/Postal Code *	64106
Country *	United States of America
Account Nickname	

Note: We protect the security of your information during transmission using Secure Sockets Layer (SSL) software, which encrypts information you submit.

Submit   Close

Add/Update ACH Payment

* Required Information

ACH About ACH Debit

Routing Number Account Number Check Number
⑆123456789⑆ 1234567890⑈ 1234

Account Holder Name *		Enter your name as it appears on y account.
Account Number *		
Confirm Account Number *		
Routing Number *		
Bank Account Type *	Select Bank Accoun	
Account Nickname		

Note: We protect the security of your information during transmission using Secure Sockets Layer (SSL) software, which encrypts information you submit.

Submit   Close

a. Select the link **Set e-filing fees default** to set the credit card as the default payment for e-filing.

b. A checkmark will be placed in the box for E-filing fees default. Click **Turn Off** link if you do not want to use the default feature: