Unclaimed Funds User's Guide



U.S. Bankruptcy Court, FLSB

Prepared by Dailin Pena November 2018

Objectives

This guide will assist in the filing of a Notice of Deposit of Unclaimed Funds in the court's case management system (CM/ECF) and remitting the funds electronically via the Automated Clearing House (ACH) module in pay.gov. The program will allow the filer to select and/or add up to 99 claimants per notice of deposit of funds. For cases containing more than 100 claimants, the filer will still be able to use the program to file local form *Notice of Deposit of Unclaimed Funds* and remit the funds electronically via ACH, but will be required to email a pre-formatted spreadsheet containing the required creditor information to the court's financial deputy.

After reviewing this guide, the filer will be able to:

- 1. Enter Claimant and Unclaimed Funds Information
 - Enter up to 99 claimants
 - Select an existing creditor
 - Add a new creditor
 - Select a debtor
 - Edit information
 - Enter 100 or more claimants
 - Prepare spreadsheet containing required information

2. Upload the Notice of Deposit of Unclaimed Funds

- 3. Remit Funds
 - Electronic transfer via Bank Account (ACH)

NOTE:

All Notice of Deposit of Unclaimed Funds **MUST** be remitted to the court **electronically** using the following procedures. Every effort must be made to review all information entered for accuracy and make any necessary edits BEFORE committing this transaction.

For example:

- DO NOT submit one payment containing unclaimed funds for multiple cases.
- Verify the correct claimant information has been selected or entered.
- Verify the deposit amount(s) and total amount entered are correct.
- Verify all information entered mirrors the information provided in the attached PDF of the Notice.

When additional funds for a claimant needs to be added for the same case, simply docket a new Notice of Deposit of Unclaimed Funds.

Amendment to a Notice of Deposit of Unclaimed Funds

IMPORTANT: If a discrepancy has been identified AFTER the transaction has been remitted and deposited (i.e. the wrong claimant was selected or the wrong amount was entered for a particular claimant but the total amount is correct), go to the Main Menu bar and select Bankruptcy> *"Notice of Deposit of Unclaimed Funds (Amended)."*

<u>Assistance</u>

For further guidance on docketing either event, please contact the CM/ECF Help Desk and ask for Diana Cohen or email her at <u>Diana Cohen@flsb.uscourts.gov</u>

For all other inquiries, contact the court's financial deputy at <u>Financial@flsb.uscourts.gov</u>.

Table of Contents

Enter Claimant and Unclaimed Funds Information	
Accessing CM/ECF	5
Option A: Enter 1 through 99 Claimants	6
• Select Existing Creditor (Exact Match)	6
Add Creditor (Not an Exact Match)	8
Select a Debtor [NEW]	12
• Editing	15
 Edit Incorrect Amount 	15
 Creditor with Multiple Deposits 	17
 Delete a Creditor 	19
• Upload the Notice of Deposit of Unclaimed Funds	22
Remit Funds	24
Option B: Enter 100 or More Claimants	27
• Upload the Notice of Deposit of Unclaimed Funds	29
Remit Funds	30

Enter Claimant and Deposit Information

Accessing CM/ECF

1. Enter Login and Password> checkmark acknowledgement of redaction responsibility> click Login

.ogin:	furrr	Security or taxpayer-identification numbers; dates of birth; names of minor children; and financial account numbers in compliance with Fed R Bankr, P 9037. This requirement applies to all
Password:	•••••	documents, including attachments.
lient ode:		I understand that, if I file, I must comply with the redaction rules. I have read this notice.

2. Select Bankruptcy



3. Select Notice of Deposit of Unclaimed Funds

SECF	Bankruptcy	Adversary	Query
Bankruptcy Ev	vents		
Open Voluntar Open Involunta Creditor Maint Judge/Trustee Appeal	ry BK Case Claim ary BK Case File C tenance Limite Assignment Notice	Actions laims d Filers e of Deposit of Unclain	ned Funds

Option A: Enter 1 through 99 Claimants

This option provides the filer the ability to enter unclaimed funds for up to 99 claimants. The user may select from an existing list of creditors associated with the case or enter new creditor information and also select debtor(s). Review each corresponding amount entered for accuracy and confirm the total amount being deposited for the transaction is correct. Information may be edited if a discrepancy is found BEFORE committing the transaction.

Select Existing Creditor (Exact Match)

1. Select 1 through 99 > enter the Case Number> click Next

[Note: leave the Name of Claimant field blank to display existing claimants.]

Notice of Deposit of Unclaimed Funds	
IMPORTANT: Unclaimed Funds Must Be Paid Immediately After Filing This Notice. DO	NOT submit one payment containing multiple cases
Search for a Claimant	
Select Number of Claimants for which Unclaimed Funds are being deposited. 1 through 99 100 or More	
Case Number 15-10008 × Find This Case	
Name of Claimant (optional)	
Next Clear	

2. Click the drop down arrow to view all claimants in the case

Select a Claimant	
* Reflects claimant(s) with Unclaimed Fund record(s) selected, but not processed in CM/ECF.	
[Note: If name and/or address of the creditor in the drop down list is not an exact match, select Add Creditor or Select Debte	or(s).]
Case 15-10008-RBR In re: Phil Amtrom Boca Club and Resort - POB 333 Boca Raton FL 33334 - 29506	
Add Creditor OR Select Debtor(s)	
Next Clear	

3. Select the claimant that is an exact match> click Next

[Note: if the claimant is not an exact match, refer to page 8 to Add Creditor.]

Select a Creditor	
* Reflects creditor(s) with Unclaimed Fund record(s) selected, but not processed in CM/ECF.	
[Note: If name and/or address of the creditor in the drop down list is not an exact match, select Add Creditor]	
Case 15-10008-RBR In re: Phil Amtrom Smith & Smith - POB 589 Miami, FL 33130 - 29180	I
Add Creditor	L
Next Clear	J

4. Enter the unclaimed amount for the selected claimant> click **Next**

[Note: enter amount with decimal, but without Dollar Sign or Comma Ex: 1100.00]

5. Confirm entry of correct Claimant, Amount, and Total

Creditor	Amount
Smith & Smith POB 589 Miami, FL 33130	1100.00
POB 589 Miami, FL 33130 * <u>Do Not Use</u> the browser's Back button, as it wi creditors being added Add Additional Creditor or Edit/Delete S	Delete Selected Creditor
Submit Trans	action

1. Verify the claimant is not listed or is not an exact match in the drop down list



2. Click Add Creditor

ociect a claimant	
* Reflects claimant(s) with Unclaimed Fund record(s) selected, but not processed in CM/ECF.	
[Note: If name and/or address of the creditor in the drop down list is not an exact match, select Add Creditor or Select De	btor(s).]
Case 15-10008-RBR In re: Phil Amtrom	
Boca Club and Resort - POB 333 Boca Raton FL 33334 - 29506	
Add Creditor OR Select Debtor(s)	
Next Clear	

3. Confirm Case Number> click **Next**

reulior Processi	ng
Case Number	
0:15-bk-10008	
U:15-bk-10008	
Next Clear	

4. Add Creditor(s) in the text box provided> click Next

[Note: in the example below, two creditors are being added]

ach. nk line.

5. Confirm Total Creditors Entered> click Submit

Add Creditor(s)	
Total Creditors Entered 2	
Attention!! Submitting this screen commits this transaction. You will have NO further opportunity to modify this submission if you continue.	
Have you redacted?	
Submit	

6. Click Select Added Creditor

Case Number	0:15-bk-10008
Total Creditors Added to Database	2

7. Confirm information> click **Next**

IMPORTANT: Unclaimed Funds Must Be Paid Immediately After Filing This Notice. <u>DO NOT</u> submit one payment containing multiple cases. Search for a Claimant Select Number of Claimants for which Unclaimed Funds are being deposited. • 1 through 99 • 100 or More	of Deposit of Unclaimed Funds
Search for a Claimant Select Number of Claimants for which Unclaimed Funds are being deposited. 1 through 99 100 or More	RTANT: Unclaimed Funds Must Be Paid Immediately After Filing This Notice. DO NOT submit one payment containing multiple cases.
Select Number of Claimants for which Unclaimed Funds are being deposited. 1 through 99 100 or More	for a Claimant
	umber of Claimants for which Unclaimed Funds are being deposited. ough 99 or More
Case Number 0:15-bk-10008 Name of Claimant (optional) Next	Claimant (optional) Clear

8. Click the drop down arrow to select the newly added creditor> click Next

CM/ECF.
elect Add Creditor]

9. Enter the unclaimed amount for the selected claimant> click Next

[Note: enter amount with decimal, but without Dollar Sign or Comma Ex: 1100.00]

	Sears PO Box 90023 Los Alamitos, CA 91243	
Case Number: 15-10008-RBR In re: Phil Amtrom	Unclaimed Amount: \$ 22.53 • Do not enter Dollar Sign or	Date Filed: 6/9/2015

10. Confirm entry of correct Claimant, Amount, and Total> click Add Additional Claimant or
 Edit/Delete Selected Claimant to continue adding an unclaimed amount for a selected claimant

Creditor	Amount
Sears PO Box 90023 Los Alamitos, CA 91243	22.53
Smith & Smith POB 589 Miami, FL 33130	1100.00
" Do Not Use the browser's Back button, as it will re creditors being added	suit in duplicate

11. Repeat steps 8 through 10 until all claimants and unclaimed amounts have been added

15.
22.
1100
lupli

1. Select 1 through 99> enter the Case Number> click Next

[Note: leave the *Name of Claimant* field blank to display existing claimants.]

IMPORTANT: Unclaimed Funds Must Be Paid Immediately After Filing This Notice. <u>DO NOT</u> submit one payment containing multiple cases Search for a Claimant Select Number of Claimants for which Unclaimed Funds are being deposited. • 1 through 99 • 100 or More Case Number 15-10008 × Find This Case	Notice of Deposit of Unclaim	d Funds
Search for a Claimant Select Number of Claimants for which Unclaimed Funds are being deposited. • 1 through 99 • 100 or More Case Number 15-10008 × Find This Case	IMPORTANT: Unclaimed Fu	ds Must Be Paid Immediately After Filing This Notice. DO NOT submit one payment containing multiple cases.
Select Number of Claimants for which Unclaimed Funds are being deposited. • 1 through 99 • 100 or More Case Number 15-10008 × Find This Case	Search for a Claimant	
1 through 99 100 or More Case Number 15-10008 × Find This Case	Select Number of Claimants for	which Unclaimed Funds are being deposited.
Case Number 15-10008 × Find This Case	• 1 through 99 100 or More	
Case Number 12-10000 X Find This Gase	Cours Number 151	1000 Lind This Core
Name of Claimant (optional)	Name of Claimant (optional)	1000 × Frind Tris Gase
Next Clear	Next Clear	

2. Click the drop down arrow to view all claimants in the case

Select a Claimant	
* Reflects claimant(s) with Unclaimed Fund record(s) selected, but not processed in CM/ECF.	
Note: If name and/or address of the creditor in the drop down list is not an exact match, select Add Creditor or Selec	t Debtor(s).]
Case 15-10008-RBR In re: Phil Amtrom Boca Club and Resort - POB 333 Boca Raton FL 33334 - 29506	
Add Creditor OR Select Debtor(s)	
Next Clear	

3. Verify the debtor is **not** listed in the drop down list> click **Select Debtor(s)**

Select a Claimant	
* Reflects claimant(s) with Unclaimed Fund record(s) selected, but not processed in CM/ECF.	
[Note: If name and/or address of the creditor in the drop down list is not an exact match, select Add Creditor or Select Debtor(s).]	
Case 15-10008-RBR In re: Phil Amtrom	
Boca Club and Resort - POB 333 Boca Raton FL 33334 - 29506	
Add Creditor OR Select Debtor(s)	
Next Clear	

4. Click on the **debtor's name**



5. Once highlighted> click Next

b:Esther Amtrom		
b:Phil Amtrom		
-	_	

6. Confirm the Case Number> click Next

Notice of Deposit of Unclaimed Funds	
IMPORTANT: Unclaimed Funds Must Be Paid Immediately After Filing This Notice. DO NOT submit one payment containing multiple cases.	
Search for a Claimant	
Select Number of Claimants for which Unclaimed Funds are being deposited. 1 through 99 100 or More	
Name of Claimant (optional) Next Clear	

7. Click the drop down arrow> select the newly added claimant



8. Once the newly added claimant is selected> click Next



9. Enter the unclaimed amount for the selected claimant> click Next

[Note: enter amount with decimal, but without Dollar Sign or Comma Ex: 1100.00]

	Esther Amtrom 789 S Cypress Creek Rd Fort Lauderdale FL	
Case Number: 15-10008-RBR In re: Phil Amtrom	Unclaimed Amount: \$ 37.53 × * Do not enter Dollar Sign or Comma	Date Filed: 3/18/2016

10. Confirm entry of correct Claimant, Amount, and Total> click Add Additional Claimant or
 Edit/Delete Selected Claimant to continue adding an unclaimed amount for a selected claimant

her Amtrom S Cypress Creek Rd Fort Lauderdale FL	
s cypros crocarto i cri Luboritario i L	37.53
the browser's Back button, as it will result in duplic	cate claimants 1
Add Additional Claimant or Edit/Delete Selected C	laimant

Editing

Edit Incorrect Amount

 To edit a dollar amount listed on the "Summary Deposit of Unclaimed Funds" screen, click Add Additional Claimant or Edit/Delete Selected Claimant

Creditor	Amount
Gary Liska 12345 Ingraham Hwy Miami FL 33134	15.00
Sears PO Box 90023 Los Alamitos, CA 91243	22.53
Smith & Smith POB 589 Miami, FL 33130	1100.00
* <u>Do Not Use</u> the browser's Back button, as it will res creditors being added	sult in duplicate

2. From the drop down list, select the affected claimant> click Next

Select a Creditor	
Reflects creditor(s) with Unclaimed Fund record(s) selected, but not processed in CM/ECF.	
Note: If name and/or address of the creditor in the drop down list is not an exact match, select Add Creditor	c]
Case 15-10008-RBR In re: Phil Amtrom	
*Smith & Smith - POB 589 Miami, FL 33130 - 29180	
Add Creditor	
Next Clear	

3. In the Amount drop down list, select the amount that needs to be edited > click Next



4. Modify the unclaimed amount> click Next

[Note: enter amount with decimal, but without Dollar Sign or Comma Ex: 1100.00]

	POB 589 Miami, FL 33130	
Case Number: 15-10008-RBR In re: Phil Amtrom	Unclaimed Amount: \$ 110.00 Do not enter Dollar Sign or Comma	Date Filed: 06/09/2015

5. Confirm entry of correct Claimant, Amount, and Total

Creditor	Amount
Gary Liska 12345 Ingraham Hwy Miami FL 33134	15.00
Sears PO Box 90023 Los Alamitos, CA 91243	22.53
Smith & Smith POB 589 Miami, FL 33130	110.00
Do Not Use the browser's Back button, as in reditors being added Add Additional Creditor or Edit/Delet	t will result in duplicate te Selected Creditor

Creditor with multiple deposits

 To add another unclaimed amount for the same creditor, click Add Additional Claimant or Edit/Delete Selected Claimant

Creditor	Amount
Gary Liska 12345 Ingraham Hwy Miami FL 33134	4 15.00
Sears PO Box 90023 Los Alamitos, CA 912	43 22.53
Smith & Smith POB 589 Miami, FL 33130	110.00
Do Not Use the browser's Back butto reditors being added Add Additional Creditor or Ed	m, as it will result in duplicate it/Delete Selected Creditor

2. From the drop down list, select the same claimant> click Next

Select a Creditor	
* Reflects creditor(s) with Unclaimed Fund record(s) selected, but not processed in CM/ECF.	
[Note: If name and/or address of the creditor in the drop down list is not an exact match, select Add Creditor]	
Case 15-10008-RBR In re: Phil Amtrom *Gary Liska - 12345 Ingraham Hwy Miami FL 33134 - 29714	
Add Creditor	
Next Clear	

3. Click New to add another unclaimed fund amount for the same claimant



4. Enter the additional unclaimed amount> click Next



5. Confirm Claimant, Amount, and Total

iary Liska 2345 Ingraham Hwy Miami FL 33134	15.00
iary Liska 2345 Ingraham Hwy Miami FL 33134	83.00
ears O Box 90023 Los Alamitos, CA 91243	22.53
mith & Smith OB 589 Miami, FL 33130	110.00
<u>Do Not Use</u> the browser's Back button, as it will result in ditors being added Add Additional Creditor or Edit/Delete Selected C	duplicate

Delete a Creditor from Summary List

1. To delete a creditor listed on the "Summary Deposit of Unclaimed Funds" screen, click Add Additional Claimant or Edit/Delete Selected Claimant

jary Liska 2345 Ingraham Hwy Miami FL 33134	15.00
iary Liska 2345 Ingraham Hwy Miami FL 33134	83.00
ears O Box 90023 Los Alamitos, CA 91243	22.53
mith & Smith OB 589 Miami, FL 33130	110.00
Do Not Use the browser's Back button, as it will result a ditors being added	in duplicate

2. From the drop down list, select the claimant to be deleted> click Next

Select a Creditor	
* Reflects creditor(s) with Unclaimed Fund record(s) selected, but not processed in CM/ECF.	
[Note: If name and/or address of the creditor in the drop down list is not an exact match, select Add Creditor]	
Case 15-10008-RBR In re: Phil Amtrom *Sears - PO Box 90023 Los Alamitos, CA 91243 - 29713	
Add Creditor	
Next Clear	

3. In the Amount drop down list, select the amount that needs to be deleted > click Next

Select a Creditor	
Reflects creditor(s) with Unclaimed Fund record(s) selected, but not processed in CM/ECF.	
Note: If name and/or address of the creditor in the drop down list is not an exact match, select Add Cre	ditor]
Case 15-10008-RBR In re: Phil Amtrom	
*Sears - PO Box 90023 Los Alamitos, CA 91243 - 29713 🗸	
<u>Add Creditor</u> This creditor has one or more unclaimed fund records pending but not processed in this case. Select the entry below that you wish to View, Edit, or Delete <u>or</u>	
Select ivew to create a new unclaimed fund record for this creditor.	
Next	
	_

4. Verify the correct claimant and unclaimed amount is selected for deletion> click Delete

5. Click OK to confirm deletion



6. Confirm the record was deleted and the Total is updated

Creditor	Amount
Gary Liska 12345 Ingraham Hwy Miami FL 33134	15.00
Gary Liska 12345 Ingraham Hwy Miami FL 33134	83.00
Smith & Smith POB 589 Miami, FL 33130	110.00
POB 589 Miami, FL 33130 <u>Do Not Use</u> the browser's Back button, as it w reditors being added	ill result in duplicate
Add Additional Creditor or Edit/Delete	Selected Creditor

Upload the Notice of Deposit of Unclaimed Funds

Submit Transaction

 Ensure all claimant information and corresponding amounts are correctly listed on the "Summary Deposit of Unclaimed Funds" screen > click Submit Transaction

Gary Liska 12345 Ingraham Hwy Miami FL 33134	15.00
Gary Liska 12345 Ingraham Hwy Miami FL 33134	83.00
Smith & Smith POB 589 Miami, FL 33130	110.00
Do Not Use the browser's Back button, as it will result reditors being added	in duplicate

2. Verify Case Number> click Next

ase Number	
0:15-bk-10008	

3. Click Browse to select the local form *Notice of Deposit of Unclaimed Funds>* click Next

C:\Users\penad\Desktop\Training History\	Browse
Attachments to Document: • No O	Yes

4. Click Next

Type: bk	Chapter: 13 v	Office: 0 (Fort Lauderdale)
Assets: y	Judge: RBR	Case Flag: CounDue, DISMISSED, SPLITCNV, MONEY

5. Review Docket Text for accuracy> click Next

[Note: if information is incorrect (creditor, amount, or total), you must begin the process again by clicking **Bankruptcy**. **DO NOT** use the browser's back button and **DO NOT** click **Next**.]

Type: bk	Chapter: 13 v	Office: 0 (Fort Lauderdale)
Assets: y	Judge: RBR	Case Flag. CounDue, DISMISSED, SPLITCNV, MONEY
Docket Text: Modify a	as Appropriate.	
States Bankruptcy Ingraham Hwy Mia	Notice of Deposit of Unclaimed Fu Court for Smith & Smith POB 589 1 mi FL 33134 in the amount of \$ 15.0	Miami, FL 33130 in the amount of [5 208.00] with the Clerk, United Miami, FL 33130 in the amount of S 110.00; Gary Liska 12345 00; Gary Liska 12345 Ingraham Hwy Miami FL 33134 in the

6. Click Next to commit the transaction and remit the funds electronically



Remit Funds

IMPORTANT: **<u>DO NOT</u>** submit one payment containing unclaimed funds for multiple cases. Unclaimed Funds must be remitted via ACH immediately after filing each Notice of Deposit of Unclaimed Funds. A separate docket entry containing the transaction receipt number and total amount of funds deposited will appear on the court docket.

Filing Date	#	Docket Text
05/05/2014		Receipt of Notice of Deposit of Funds with the USBC Clerk(12-13833-AJC) [trustee,depfnd] (4.79) Filing Fee. Receipt number 21084294. Fee amount 4.79. (U.S. Treasury) (Entered: 05/05/2014)
05/05/2014	• <u>107</u>	Notice of Deposit of Funds in the Total Amount of [\$4.79] with the Clerk, United States Bankruptcy Court for Quatum 3 Group, LLC, as agent for Comenity Bank POB 788 Kirkland WA 98083-0788 in the amount of \$ 1.39; American InfoSource LP as agent for DirecTv, LLC Mail Station N 387, 2230 E Imperial Hwy El Segundo CA 90245 in the amount of \$ 3.40; Filed by Trustee Ross R Hartog. (Hartog, Ross) (Entered: 05/05/2014)

Bank Account (ACH)

1. Click Pay Now to remit the funds electronically

Date Incurred	Description	Amount
2015-06-09 11:00:47	Notice of Deposit of Funds with the USBC Clerk(15-10008-RBR) [trustee,unclfnd] (208.00)	\$ 208.00
		Total: \$ 208.00
	Pay Now Continue Filing	

2. Place a checkmark in the box Check Fees to Pay> click Next

neck Fees to Pay	Date Incurred	Description	Amount
V	2015-06-09 11:00:47	Notice of Deposit of Funds with the USBC Clerk(15-10008- RBR) [trustee,uncfind] (208.00)	\$ 208.00

3. Confirm payment amount> click Pay Now

Date Incurred	Description	Amount
015-06-09 11:00:47	Notice of Deposit of Funds with the USBC Clerk(15-10008-RBR) [trustee,unclfnd] (208.00)	\$ 208.00
		Total: \$20
	Pay Now	

4. Pay via Bank Account (ACH)> click Continue with ACH Payment

Online Payment		Return to your originating application
Step 1: Enter Payment In	formation	1 2
Pay Via Bank Account (AC	About ACH Debit	
Required fields are indicat	ed with a red asterisk *	
Account Holder Name: Payment Amount:	Robert Furr * \$208.00	
Account Type: Routing Number: Account Number: Confirm Account Number: Check Number:	Business Checking * ####################################	
Payment Date:	Routing Number Account Number	Check Number

5. Place a checkmark in the required field> click Submit Payment

	rectant to your originating application
Step 2: Authorize Payment	1 2
Payment Summary Edit this information	
Account Holder Name: Robert Furr	
Payment Amount: \$208.00	
Account Type: Business Checking	Payment Date: 06/10/2015
Routing Number: 041000124	
Account Number: 1234	
mail Confirmation Receipt	ction, provide an email address and confirmation below
o have a commation sent to you upon completion of this transa	ction, provide an email address and commation below.
Email Address:	
Confirm Email Address:	
CC:	* Separate multiple email addresses with + a comma
Authorization and Disclosure	
Required fields are indicated with a red asterisk *	
agree to the authorization and disclosure language	
Authorization and DisclosureConsumers and Bus	tinesses
The debit transaction(s) to which you are agree agencies by "Pay.gov," which consists of servic Department's Bureau of the Firsal Service has	eing are handled on behalf of Federal
The debit transaction(s) to which you are agree agencies by "Pay.gov," which consists of service Department's Bureau of the Fiscal Service. As u refers to the Bureau of the Fiscal Service and Pay.gov. "You" refers to the end-user reading to to engaging in a debit transaction. I. Consumers	ring are handled on behalf of Federal res offered by the U.S. Treasury used in this document, "we" or "us" its agents and contractors operating this document and agreeing to it prior
The debit transaction(s) to which you are agree agencies by "Pay.gov," which consists of servic Department's Bureau of the Fiscal Service. As u refers to the Bureau of the Fiscal Service and Pay.gov. "You" refers to the end-user reading t to engaging in a debit transaction. I. Consumers A. Authorization	ring are handled on behalf of Federal res offered by the U.S. Treasury used in this document, "we" or "us" its agents and contractors operating this document and agreeing to it prior
The debit transaction(s) to which you are agree agencies by "Pay.gov," which consists of servic Department's Bureau of the Fiscal Service. As u refers to the Bureau of the Fiscal Service and Pay.gov. "You" refers to the end-user reading to to engaging in a debit transaction. I. Consumers A. Authorization You acknowledge that you have read and understa authorize the Federal Reserve Bank of Cleveland institution account. This authorization is to r have received notification of its termination i afford Pay.gov a reasonable opportunity to act for any reason by Pay.gov.	and the consumer disclosure language and it to debit the named financial remain in full force and effect until we in such time and in such manner as to on it, or unless otherwise terminated
The debit transaction(s) to which you are agree agencies by "Pay.gov," which consists of service Department's Bureau of the Fiscal Service. As u refers to the Bureau of the Fiscal Service and Pay.gov. "You" refers to the end-user reading to to engaging in a debit transaction. I. Consumers A. Authorization You acknowledge that you have read and understa authorize the Federal Reserve Bank of Cleveland institution account. This authorization is to r have received notification of its termination i afford Pay.gov a reasonable opportunity to act for any reason by Pay.gov. <u>View Authorization and Disclosure in a separate window.</u>	and the consumer disclosure language and to debit the named financial remain in full force and effect until we in such time and in such manner as to on it, or unless otherwise terminated
The debit transaction(s) to which you are agree agencies by "Pay.gov," which consists of servic Department's Bureau of the Fiscal Service. As u refers to the Bureau of the Fiscal Service and Pay.gov. "You" refers to the end-user reading to to engaging in a debit transaction. I. Consumers A. Authorization You acknowledge that you have read and understa authorize the Federal Reserve Bank of Cleveland institution account. This authorization is to r have received notification of its termination i afford Pay.gov a reasonable opportunity to act for any reason by Pay.gov. View Authorization and Disclosure in a separate window. Press the "Submit Payment" Button only once Pressing the b	and the consumer disclosure language and it to debit the named financial remain in full force and effect until we in such time and in such manner as to on it, or unless otherwise terminated

6. Wait for the payment transaction to complete and **print** transaction receipt if desired.

	U.S. Bankruptcy Court Southern District of Florida
Thank you. Your transaction in the amount of \$ 208.	.00 has been completed.
Please <u>print a copy of</u> your transaction receipt for fu	ture reference. The transaction number is 163071.
Detail description: Notice of Deposit of Funds with the USBC Clerk(1:	5-10008-RBR) [trustee,unclfnd] (208.00)

Option B: Enter 100 or More Claimants

For cases containing more than 100 claimants, the filer will still be able to use the program to file local form *Notice of Deposit of Unclaimed Funds* and remit the funds electronically via ACH, but will be required to email a pre-formatted spreadsheet containing the required creditor information to the court's financial deputy at: <u>Financial@flsb.uscourts.gov</u>.

Select multiple claimants in one Notice

1. Select 100 or More and enter Case Number> click Next

IMPORTANT: Unclaimed Funds Must Be Paid Immediately After Filing This Notice. <u>DO NOT</u> submit one payment containing multiple ca Search for a Claimant Select Number of Claimants for which Unclaimed Funds are being deposited.	
Search for a Claimant Select Number of Claimants for which Unclaimed Funds are being deposited.	es.
Select Number of Claimants for which Unclaimed Funds are being deposited.	
1 through 99 100 or More	
Case Number 15-10002 × Find This Case	
Name of Claimant (optional)	

2. Enter TOTAL Amount of Unclaimed Funds being deposited> click Next

[Note: enter amount with decimal, but without Dollar Sign or Comma Ex: 1100.00]

- a. Make a note of the email address in which to send the spreadsheet: <u>Financial@flsb.uscourts.gov</u>
- b. Click Here for the Spreadsheet> save a copy to your computer

Notice of Deposit of Unclaimed Funds with the second s	th the USBC Clerk (multiple claimants)
Case Number 1:15-bk-10002	
Enter TOTAL Amount of Unclaimed Funds being dep	posited: \$ 1100.00
	* Do not enter Dollar Sign or Comma
spreadsheet below) containing the Name of Each Cla bate Unclaimed Fund was Deposited with the Court. I o: Finance@flsb.uscourts.gov	imant, Address, City, State, Zip, Amount Deposited for each Claimant, Receipt Number and List must be emailed to the financial deputies immediately upon completion of this transaction
spreadsheet below) containing the Name of Each Cla Date Unclaimed Fund was Deposited with the Court. I o: Finance@flsb.uscourts.gov Click Here for spreadsheet	imant, Address, City, State, Zip, Amount Deposited for each Claimant, Receipt Number and List must be emailed to the financial deputies immediately upon completion of this transaction

	sett rage tayout romanas bat	a never view Addenia	Acrobat				201	
Cut	Calibri • 12 • A • •	= = Wrap Tex	General 👻			Σ AutoSum *	27 🔥	
e 🛷 Format Painte	r B <i>I</i> <u>U</u> • ⊞ • 🌺 • 🚣 •	🗉 🗃 🧃 📬 🚰 Merge &	Center ▼ \$ ▼ % ,	Conditional Format Cell Formatting * as Table * Styles *	Insert Delete Format	Q Clear ▼	Sort & Find & Filter * Select *	
Clipboard	S Font IS	Alignment	ធ Number ធ	Styles	Cells	Edi	ting	
F22								
A	В	С	D	E	F	G	Н	
Case Number	Business/Last Name of Claimant	First Name of Claimant	Address	City	State (ex. FL, OH)	Zip	Receipt Number	Date

c. Enter required information in pre-defined fields in the spreadsheet.

[Note: Although the spreadsheet does not contain functionality to calculate a total of the unclaimed funds being deposited, you must ensure the amount entered in the **TOTAL Amount of Unclaimed Funds being deposited** field in CM/ECF matches the sum of the deposits for individual claimants. <u>DO NOT</u> submit the final spreadsheet to the financial deputy containing AutoSum functionality.]

3. Verify Case Number> click Next

Notice of Deposit o	f Unclaimed Funds with the USBC Clerk (multiple claimants)
Case Number 1:15-bk-10002	
Not Clar	
Clear	

Upload the Notice of Deposit of Unclaimed Funds

Submit Transaction

1. Click Browse to select the local form Notice of Deposit of Unclaimed Funds> click Next



2. Click Next

5-10002-LMI Migue	Alfonso	
Type: bk	Chapter: 7 v	Office: 1 (Miami)
Assets: n	Judge: LMI	Case Flag: CounDue, MONEY, ACHFIN
Next Clear		

3. Review the Docket Text for accuracy> click Next

[Note: If the total amount is incorrect, you must begin the process again by clicking **Bankruptcy**.

DO NOT use the browser's back button and **DO NOT** click **Next**.]



4. Click Next to commit this transaction and remit the funds electronically

Type: bk	Chapter: 7 v	Office: 1 (Miami)
Assets: n	Judge: LMI	Case Flag: CounDue, MONEY, ACHFIN
Docket Text: Final Te	ext	
Notice of Deposit Amount of [\$ 110	t of Unclaimed Funds with the 0.00] with the Clerk, United Sta	USBC Clerk (multiple claimants) in the Total tes Bankruptcy Court [for mutiple claimants]
(Furr, Robert)		

Remit Funds

IMPORTANT: <u>DO NOT</u> submit one payment containing unclaimed funds for multiple cases. Unclaimed Funds must be remitted via ACH immediately after filing each Notice of Deposit of Unclaimed Funds. A separate docket entry containing the transaction receipt number and total amount of funds deposited will appear on the court docket.

Bank Account (ACH)

1. Click Pay Now to remit funds electronically

Date Incurred	Description	Amount
2015-06-09 12:11:58	Notice of Deposit of Unclaimed Funds with the USBC Clerk (multiple claimants)(15- 10002-LMI) [trustee,excel] (1100.00)	\$1100.00
		Total: \$1100.00
	Pay Now Continue Filing	

2. Place a checkmark in the box Check Fees to Pay> click Next

Check Fees to Pay	Date Incurred	Description	Amount
V	2015-06-09 12:11:58	Notice of Deposit of Unclaimed Funds with the USBC Clerk (multiple claimants)(15-10002-LMI) [trustee,excel] (1100.00)	\$1100.00

3. Confirm payment amount> click Pay Now

Date Incurred	Description	Amount
15-06-09 :11:58	Notice of Deposit of Unclaimed Funds with the USBC Clerk (multiple claimants)(15-10002-LMI) [trustee,excel] (1100.00)	\$1100.00
		Total: \$1100
	Pay Now	

4. Pay via Bank Account (ACH)> click Continue with ACH Payment

Online Payment		Return to your originating application
Step 1: Enter Payment In	formation	1
Pay Via Bank Account (ACI	H) About ACH Debit	
Required fields are indicat	ed with a red asterisk ⁴	*
Account Holder Name:	Robert Furr	*
Payment Amount:	\$1,100.00	
Account Type:	Business Checking 💌	*
Routing Number:	########	*
Account Number:	1234	*
Account Number.	1024	*
Confirm Account Number:	1234	
Check Number:		
Payment Date:	Routing Number	Account Number Check Number
Salast the"Continue wit	h ACH Payment" button	to continue to the post stop in the ACH Dahit Pourport Process
Select the Continue wit	Continue wit	to continue to the next step in the ACH Debit Payment Process.
	Continue wi	dancer ayment

5. Place a checkmark required field> click Submit Payment

Step 2: Authorize	Payment	1 2
Payment Summary	Edit this information	
Account He	older Name: Robert Furr	
Paym	ent Amount: \$1,100.00	
Ac	count Type: Business Checking	Payment Date: 06/10/2015
Routi	ing Number: 041000124	
Acco	unt Number: **********1234	
Email Confirmation	Receipt	
to have a confirmation	n sent to you upon completion of this transac	ction, provide an email address and confirmation below.
Em	nail Address:	
Confirm Em	nail Address:	
	cc:	Separate multiple email addresses with a comma
Authorization and D)isclosure	
Required fields are	indicated with a red asterisk *	
Required helds are		
agree to the authoriz	antine and displaying language 11/1	
Authorization a The debit trans agencies by "Pa Department's Bu	action(s) to which you are agree y.gov," which consists of servic reau of the Fiscal Service. As u	inesses ing are handled on behalf of Federal es offered by the U.S. Treasury sed in this document, "we" or "us"
Authorization a The debit trans agencies by "Pa Department's Bu refers to the B Pay.gov. "You" to engaging in I. Consumers A. Authorization You acknowledge authorize the F institution acc	nd DisclosureConsumers and Bus action(s) to which you are agree y.gov," which consists of servic reau of the Fiscal Service. As u ureau of the Fiscal Service and refers to the end-user reading t a debit transaction.	inesses ing are handled on behalf of Federal es offered by the U.S. Treasury sed in this document, "we" or "us" its agents and contractors operating his document and agreeing to it prior and the consumer disclosure language and to debit the named financial emain in full force and effect until we
Authorization a The debit trans agencies by "Pa Department's Bu refers to the B Pay.gov. "You" to engaging in I. Consumers A. Authorization You acknowledge authorize the F institution acc have received n afford Pay.gov for any reason 1	nd DisclosureConsumers and Bus action(s) to which you are agree y.gov," which consists of servic reau of the Fiscal Service. As u ureau of the Fiscal Service and refers to the end-user reading t a debit transaction. n that you have read and understan ederal Reserve Bank of Cleveland ount. This authorization is to r otification of its termination is a reasonable opportunity to act by Pay.gov.	inesses ing are handled on behalf of Federal es offered by the U.S. Treasury sed in this document, "we" or "us" its agents and contractors operating his document and agreeing to it prior and the consumer disclosure language and to debit the named financial emain in full force and effect until we n such time and in such manner as to on it, or unless otherwise terminated
Authorization a The debit trans agencies by "Pa Department's Bu refers to the B Pay.gov. "You" to engaging in I. Consumers A. Authorization You acknowledge authorize the F institution acc have received n afford Fay.gov for any reason 1 View Authorization an	nd DisclosureConsumers and Bus action(s) to which you are agree by.gov," which consists of servic reau of the Fiscal Service. As u ureau of the Fiscal Service and refers to the end-user reading t a debit transaction. n that you have read and understan ederal Reserve Bank of Cleveland ount. This authorization is to r otification of its termination i a reasonable opportunity to act by Pay.gov.	inesses ing are handled on behalf of Federal es offered by the U.S. Treasury sed in this document, "we" or "us" its agents and contractors operating his document and agreeing to it prior and the consumer disclosure language and to debit the named financial emain in full force and effect until we n such time and in such manner as to on it, or unless otherwise terminated
Authorization a The debit trans agencies by "Pa Department's Bu refers to the B Pay.gov. "You" to engaging in I. Consumers A. Authorization You acknowledge authorize the F institution acc have received n afford Pay.gov for any reason i View Authorization ar Press the "Submit	nd DisclosureConsumers and Bus action (s) to which you are agree by.gov," which consists of servic reau of the Fiscal Service. As u ureau of the Fiscal Service and refers to the end-user reading t a debit transaction. n that you have read and understan ederal Reserve Bank of Cleveland ount. This authorization is to r otification of its termination is a reasonable opportunity to act by Pay.gov. <u>nd Disclosure in a separate window.</u> Payment" Button only once. Pressing the bu	inesses ing are handled on behalf of Federal es offered by the U.S. Treasury sed in this document, "we" or "us" its agents and contractors operating his document and agreeing to it prior and the consumer disclosure language and to debit the named financial emain in full force and effect until we n such time and in such manner as to on it, or unless otherwise terminated to more than once could result in multiple transactions. Cancel

6. Wait for the payment transaction to complete and print a copy of your transaction receipt

	U.S. Bankruptcy Court				
	Southern District of Florida				
Thank you. Your transaction in the amount of	of \$1100.00 has been completed.				
Please <u>print a copy of y</u> our transaction recei	ipt for future reference. The transaction number is 163089.				
Detail description:					
Notice of Deposit of Unclaimed Funds with	the USBC Clerk (multiple claimants)(15-10002-LMI) [trustee.excel] (1100.00)				

7. Include this Receipt Number in the spreadsheet

File	Home Ins	sert Page Layout Formulas Data	a Review View Add-Ins	Acrobat					a 🕜 🗆 🗗
2	Cut Copy ≠	Calibri · 12 · A A ·	= = ≫ ~ = ² Wrap Te	d General 👻			Σ AutoSum •	27 🕅	
1	e of Format Painter	B I <u>U</u> * ⊞ * 🌺 * 📥 * I	📰 🗃 📲 👎 ோ 📴 Merge 8	Center * \$ * % * .00 →.0	Conditional Format Cell	Insert Delete Format	Q Clear ▼	Sort & Find & Filter * Select *	
	Clipboard 5	Font 5	Alignment	is Number is	Styles	Cells	Ed	liting	
	F22	• (* f*							
	A	В	С	D	E	F	G	Н	
	Case Number	Business/Last Name of Claimant	First Name of Claimant	Address	City	State (ex. FL, OH)	Zip	Receipt Number	Date

8. Email the spreadsheet to: Financial@flsb.uscourts.gov