

REFUND REQUEST FORM

Note: ALL INFORMATION IS REQUIRED TO PROCESS THIS REQUEST

Company Name: _____

File Code: _____

Requested by: _____

Date Submitted: _____

Requestor's Contact Number: _____
(Enter 10-digit phone number without dashes)

Fax Number: _____
(Enter 10-digit phone number without dashes)

NOTE: Refunds can only be done after a batch has settled. Once a batch has been processed the transaction will receive an I20 code.

No	*Batch File Name	Routing Number	Account Number	Check Number (if applicable)	Item Amount	Fee Amount (if applicable)
1						
2						
3						
4						
5						
6						

FAX COMPLETED FORM(S) TO (614) 310-0483. NO COVER PAGE IS NECESSARY

*Batch File Name must always follow the format below, failure to give complete Batch File Name may result in your refund not being processed or delayed.

Filecode	Date	File Type	Batch Sequence
TEST	0917	XX	A

Example: TEST0917.BCA

ADDITIONAL COMMENTS

FOR OFFICE USE ONLY

Completed By: _____

Date: _____

Batch Name: _____