## **Payment Adjustment Request Form**

## FAX THIS REQUEST TO CHECKFREEPAY CUSTOMER SOLUTIONS AT (877) 697-9561

Use this form to make adjustments to payments that you have already transmitted. If you need to adjust a payment that has not yet been transmitted, simply delete the payment and re-enter it correctly.

## This form CAN be used to do the following:

- Correct an account number
- Correct the biller

- Cancel a payment (contracted/authorized payments only)\*
- Change the amount paid (contracted/authorized payments only)\*

## This form CANNOT do the following:

- Cancel a payment for a non-contracted biller\*
- Change the amount paid for a non-contracted biller\*
- Adjust a payment that has not been transmitted to CheckFreePay
- Cancel a payment processed as an Electronic Funds Transfer (EFT)

\*If you are unsure if the biller is contracted or non-contracted, please do NOT issue a customer refund. Contact CheckFreePay Customer Service department to verify the procedure; otherwise you may be liable for any monies refunded.

AGENT INFORMATION	TERMINAL ID	PHONE NUMBER	
		THOME NOWIDER	
	NAME OF PERSON AT AGENT LOCATION REQUESTING ADJUSTMENT SIGNATURE Attach a copy of the receipt, if available. If not, please fill out the information below.		
PAYMENT			
INFORMATION	DATE OF PAYMENT	TS# OF PAYMENT (IF AVAILABLE)	
	BILLER AND ACCOUNT NUMBER PROCESSED		
	AMOUNT OF PAYMENT		
ADJUSTMENT	Attach bill stub on separate page and fax with this form		
REQUEST			
INFORMATION	CORRECT ACCOUNT NUMBER		
	CORRECT BILLER		
	CORRECT AMOUNT (CONTRACTED/AUTHORIZED PAYMENTS ONLY)		
	REASON FOR CHANGE		
	CANCEL PAYMENT (CONTRACTED/AUTHORIZED PAYMENTS ONLY)		
	REASON FOR CANCELLATION		
	CUSTOMER NAME AND ADDRESS (REQUIRED)		

Once CheckFreePay has made the adjustment, and the customer or biller subsequently does not honor the adjustment made, you, the agent, are liable to refund the amount adjusted to CheckFreePay immediately, and shall hold CheckFreePay harmless for any claims by the customer related to making this adjustment.

Adjustment requests will be processed to the billers within 48 hours. Adjustments to non-contracted payments (corrected account number and/or corrected biller) may take 10 to 14 business days for the billers to post the requested changes. CheckFreePay will contact you only if there is a question regarding your request. We will not contact you to confirm receipt of this request. Failure to fill out this form completely may result in a delay in processing your request.

