

The Satellite.biz

©2013 IMAS, L.L.C.

Refund Authorization Form:

Required information:

I _____

(Must be Account Holder - same name as on the application)

Title: _____ on behalf of the

Town/City/Village

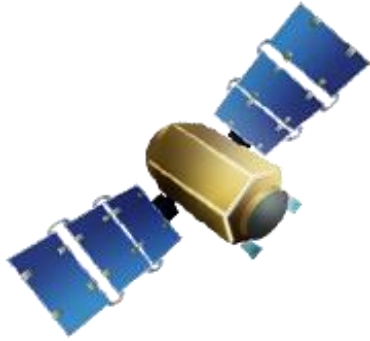
CSD/Other: _____

Authorize a refund to: _____

Card Number# / Checking Account # (last 4 digits only) _____

In the amount of \$ _____ Date: ____/____/____.

Reason for Return: _____



The Satellite.biz

©2013 IMAS,L.L.C.

Refund Authorization Form:

Requester Contact Information: (must match information on application)

Municipality: _____

Signature: _____

Title: _____

Address: _____

Telephone#: _____

Email: _____

Account Name/Dept: _____

The following is to be completed by The.Satellite.biz :

Approved By _____

Date refunded: _____ **Amount refunded:** _____

Transaction Id#: _____

MID/TID# (to be assigned by TheSatellite.biz) _____

Associated FEES:

No Fee is applied if processed within the same business day...

A fee is assessed and placed on your account of record for \$25.00 for a refund older than 90 calendar days

If the account is closed, any fees assessed to the Satellite.biz by the Credit Card company will be debited from your DDA on records.