



TRUSTEE VOID/REFUND/CORRECTION REQUEST FORM

Void and Correction requests are time sensitive and therefore this form must be received by 10:00 AM (EST) of the following business day. Trustee Refund requests are not time sensitive. Trustee must have in possession both the customer & the store receipts to submit this form.

This form may be faxed to 301-562-5968. Please call 301-495-3514 to verify your fax was received.

**VOIDS, CORRECTIONS, AND REFUNDS ARE NOT GUARANTEED.
THIS FORM IS NOT FOR CUSTOMER USE.**

TRUSTEE INFORMATION

Trustee (store) Name _____ Trustee/Terminal # _____

Trustee Telephone # _____ Contact Person _____ Date _____

RECEIPT INFORMATION

Utility/Biller Name _____ Utility/Biller Account # _____

Name on Account _____ Payment Amount \$ _____

Date of Payment _____ Authorization # _____

TYPE OF REQUEST:

- Void** (request to cancel/void the payment shown above)
- Refund** (request to have payment shown above refunded back to the store)
- Correction** (request to make corrections to the payment shown above with corrections shown below)

Correct Amount \$ _____ Correct Account # _____

Correct Biller Name _____

Trustee signature confirms agreement to the following:

1. I release and discharge Global Express Money Orders, Inc. for any and all obligations and will indemnify, defend and save them harmless against any or all claims, demands, suits or other action arising directly or indirectly from voiding and/or correcting this transaction.
2. I affirm the correction of the facts and the circumstances stated herein and will remain fully responsible for the void and/or corrections.
3. Person signing this document is authorized to make this request.
4. Trustee confirms collecting customers receipt.
5. Trustee authorizes Global Express to put through the corrected payment.

Trustee Signature _____ Print Trustee Name _____

Trustee Position/Title _____

OFFICE USE ONLY Initials of Processor _____ Date _____
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