



GLOBAL EXPRESS BILL PAY RESEARCH REQUEST FORM

Use this form if your biller has not applied your payment and you have your bill pay receipt.

Instruction: Complete all required information before mailing this form. Incomplete forms will be returned.

1. A Five Dollar (\$5.00) non-refundable processing fee payable to Global Express (money orders or certified check only, no personal checks) must be included with each form.
2. The **original bill pay receipt must accompany this form.** Keep a photocopy of this form and your bill pay receipt for your records.
3. Submit a separate form for each payment that your want researched.
4. In most circumstances, you have the option of receiving a refund check or resubmitting the payment to your biller. Please check the appropriate box below to indicate what action you would like us to take. Note: If you request that we resubmit your payment, a copy of your biller's invoice (bill) must accompany this form.
5. This form must be completed by the person whose name appears on the bill pay receipt.
6. Be sure to sign and date the form as indicated below.

MAIL TO: BILL PAY CUSTOMER SERVICE
 P.O. BOX 8608,
 SILVER SPRING, MD 20907
 FOR QUESTIONS CALL: 301-495-3560

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 : ALLOW UP TO 30 DAYS FROM THE RECEIPT OF THIS REQUEST FOR PROCESSING :

CUSTOMER INFORMATION

Last Name _____ First Name _____ Payment Amount
 \$ _____ ●

Street Address _____ Day Time Phone Number _____ Home Phone Number _____

City _____ State _____ Zip Code _____ Payment Location Name (Optional) _____

 Biller Name

 Biller Account Number

YOU HAVE TWO OPTIONS (CHECK ONE ONLY)

PLEASE SEND ME A REFUND CHECK FOR THE PAYMENT AMOUNT PLEASE RESUBMIT MY PAYMENT AMOUNT TO THE BILLER & ACCOUNT NUMBER AS WRITTEN ABOVE

Under penalties of perjury, the undersigned represents, warrants, certifies and/or agrees:
 1. I have the legal right to receive a refund of the payment amount or the authority to direct that Global Express resubmit the payment amount to my biller.
 2. I will indemnify and hold Global Express harmless from and against any and all obligations, liabilities or damages to Global Express that arise, directly or indirectly, from any inaccurate statement made by me on this form.
 3. I will repay Global Express any amounts refunded to me or paid to my biller in the event that, notwithstanding my request on this form, the payment amount indicated above is paid to one of my billers for my benefit.
 4. I release and hold Global Express harmless and Global Express shall have no liability for any obligations, liabilities or damages to me (including, without limitation, damages as a result of late fees, service interruptions and cancellations) as a result of my original payment not being processed. I also agree that Global Express shall not be liable for me for any consequential, special, indirect, incidental or punitive damages (even if Global Express has been notified of the possibility or likelihood of such damages occurring).
 5. If any statement on this form is incorrect or incomplete, or if the original bill pay receipt or \$5.00 payment does not accompany this form, Global Express has no obligation to process this form.

SIGN AND DATE BELOW
 Signature: _____ Print Name: _____ Date: _____