



BILL PAYMENT RETURNED CHECK BATCH DOCUMENT
(IMPORTANT: USE A SEPARATE BATCH FORM FOR EACH UTILITY)

Utility Name: _____

Trustee No: _____

Trustee Name: _____

Address: _____

The undersigned certifies that all returns qualify under the dishonored check program and the total amount of returns as well as check fees are true and accurate.

Trustee Signature

Number of Items Enclosed

Total Amount of Returned Checks

Number of Checks Returned Once

1st Returned Check Fee

Number of Checks Returned For 2nd Time

2nd Returned Check Fee

DATE

--	--	--	--	--	--

--	--	--

--	--	--	--	--	--	--	--	--	--

--	--	--

--	--	--	--	--	--	--	--

--	--	--

--	--	--	--	--	--	--	--

Include an adding machine tape with this form and mail all batched checks to:

Global Express Financial Services

P.O. Box 8608

Silver Spring, MD 20907

ATTN: Bill Pay Return Checks

Please allow sufficient time for processing.

All incorrect forms will be returned.