OVERPAYMENT REFUND REQUEST

Date of Request: _____

Utility Account Number: _____ Payment Date: _____

Utility Account Holder Name: _____

Credit Card Account Holder Name: _____

Utility Service Address: _____

Refunds by check should be mailed to:

_____

Street City State Zip

Payment Type:

- ☐ Cash
- ☐ Check
- ☐ EFT
- ☐ MasterCard
- ☐ Visa

(Check One)

Payment Amount : $ _____

Refund Amount: $ _____

Last four digits of credit card used: _____

Or, original check number used: _____

REASON FOR REFUND REQUEST:

_____

Please read each of the following statements and check the box to the left to indicate that you have read and agree to the terms of this refund request. **Your refund will not be processed unless all boxes are checked.**

☐ I understand my request may alter the amount due on my current statement and or next statement period.

☐ I understand that this request will be calculated based on the information I have provided. I also understand that I am responsible for the repayment of all charges that may be identified at a later date.

My signature below indicates that I have read and agree to the terms and conditions of the request.

Signature: _____