



3rd Party Cancellation and Transfer Payment Form

CORRECT ACCOUNT:		FILING DATE:	
WRONG ACCOUNT:		COMPANY	
CORRECT ACCOUNT NAME:		CLCTN:	CONVERGE:
PAYMENT DATE:		OTHERS:	
AMOUNT PAID:			
OR NUMBER:			
OR DATE:			
REASON FOR ADJUSTMENT			
CUSTOMER SERVICE UNIT			
CONFIRMED BY:	PREPARED BY:	APPROVED BY:	
SUBSCRIBER NAME & SIGNATURE	NAME & SIGNATURE	NAME & SIGNATURE	
	POSITION:	POSITION:	
DATE:	DATE:	DATE:	
TREASURY DEPARTMENT			
REVIEWED BY:		APPROVED BY:	PROCESSED BY:
NAME & SIGNATURE		NAME & SIGNATURE	NAME & SIGNATURE
POSITION:		POSITION:	POSITION:
DATE:		DATE:	DATE:
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