



SUBSCRIBER REFUND FORM

ACCOUNT NO:		FILING DATE:	
ACCOUNT NAME:		RELEASE DATE & TIME:	
CHECK PAYABLE TO:		CONTACT NO:	
ADDRESS:		COMPANY	
		ACCTN	CONVERGE
O.R. NUMBER (Mainline application) and Amt. Paid:		OR DATE:	REFUND AMOUNT:
SPECIAL INSTRUCTIONS:			
CUSTOMER SERVICE UNIT			
	PREPARED BY:		APPROVED BY:
PRINTED NAME & SIGNATURE OF APPLICANT	NAME:	NAME:	
	BRANCH:	POSITION:	
DATE:	DATE:	DATE:	

IMPORTANT: If refund is not claimed within 6 months from its release date, it will be forfeited in favor of _____

