

The Satellite.biz

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Refund Authorization Form:

Required information:

I _____
(Must be Account Holder - same name as on the application)

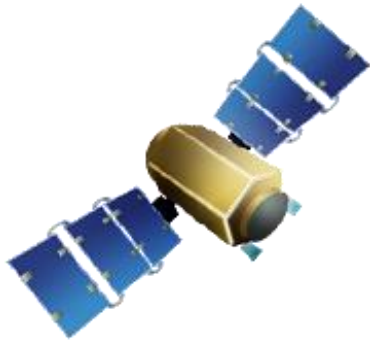
Title: _____ on behalf of the

Town/City/CSD/Other: _____

Authorize a refund to: _____
Card Number / DDA

In the amount of \$ _____ Date: ____ / ____ / ____.

Reason for Return: _____



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Refund Authorization Form:

Requester Contact Information: (must match information on application)

Municipality: _____

Name: _____

Title: _____

Address: _____

Telephone#: _____

Email: _____

Account Name/Dept: _____

The following is to be completed by The.Satellite.biz :

Approved By _____

Date refunded: _____

Transaction Id#: _____

MID/TID# (to be assigned by TheSatellite.biz) _____

No Fee is applied if processed within the same business day...