



## Consumer Funds Refund Request Form

Fax to:  
**ACHQ™**  
fax: 631-691-0669

**You must attach copy of your bank statement to this fax identifying the debit**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Dollar amount of transaction debited: \_\_\_\_\_

Date of debit: \_\_\_\_\_

Merchant that processed debit: \_\_\_\_\_

Service or Product purchased: \_\_\_\_\_

Why are you requesting a refund?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_,

On this \_\_\_\_\_, 20\_\_ before me personally came to me known as,  
\_\_\_\_\_, being by me duly sworn did depose and say that he or  
she did not obtain or activate a product or service from the above merchant.

\_\_\_\_\_  
Notary Public

Based on a formal review an ACH credit will be made to your account within 5 business banking days

Office Use

Merchant ID: \_\_\_\_\_

Date Refunded: \_\_\_\_\_

Escrow Funds: \_\_\_\_\_

ACHQ™ Funds: \_\_\_\_\_