EVO PAYMENTS INTERNATIONAL

Request for a Refund to Customer's Account

Outlet

_____   _____
Outlet name   Outlet MID

Transaction

_____   _____   _____   _____
TID   Transaction date   Transaction amount   Receipt number

Description of error

Please include a printout from the terminal and a receipt from the fiscal cash register.

➡ We only require copies please **do not** send originals.

Should the cardholder file a complaint, I hereby express my consent to cover the transaction amount claimed.

_____   _____
Name (please print name)   Date

_____
Signature

➡ Requests that do not have the required documents attached will not be processed.