



# REQUEST FOR BATCH CORRECTION / ADJUSTMENT

Fax: 719-594-9003

1. Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\* Merchant:**

Business Name:	
Contact Name:	
Contact Phone:	

*\* (Must be registered with Zmax Solutions)*

**Transaction Detail:**

Date & Time:	
POS Site Number:	
POS Terminal ID Number:	
Auth Code Number:	
Amt of Check:	\$
Corrected Amt of Check:	\$
Routing Number:	
Account Number:	
Check number:	

**Reason for this correction:**

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**2. INSTRUCTIONS FOR ADJUSTMENT: (PROCEDURES BELOW)**

**Debit: (WHO?)** \_\_\_\_\_

**Credit: (WHO?)** \_\_\_\_\_

*The Merchant is responsible to contact the check writer of the correction / adjustment request*

**PROCEDURES:**

1. Complete Section 1 and 2 above
2. Fax this completed form AND a copy of the Batch Detail Receipt for the batch related to this correction request to Zmax Solutions at above fax number.

**FOR ZMAX SOLUTIONS INTERNAL USE ONLY**

<b>SOURCE ID:</b>
<b>INTERNAL TERMINAL ID:</b>