



# REQUEST FOR BATCH CORRECTION / ADJUSTMENT

Fax: 719-594-9003

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

**\* Reseller:**

**\* Requested by Merchant / Rep:**

Name:	Name:
Contact:	Contact:
Phone:	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 Reseller is responsible to contact both the merchant and 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>