



**REQUEST FOR REFUND:**

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

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

**City, State, Zip:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_  
(Phone number with Area Code)

**PIN:** \_\_\_\_\_  
(Personal Identification Number)

**Method of Last Payment:** \_\_\_\_\_

**Mail to the Following Address:**

PAY-TEL Communications, Inc.  
Att: Refund Request  
PO Box 19290  
Greensboro, NC 27419

**Fax with the Information Below:**

1(800)776-8423  
Subject:  
Refund Request

**E-mail Request Form:**

[refund@paytel.com](mailto:refund@paytel.com)  
Subject:  
Refund Request