



21783

PAYDAY ADVANCE CHARGE OFF

PLEASE PRINT CLEARLY

For optimum accuracy, please print in capital letters and avoid contact with the edge of the box.
Please use black ink or a #2 pencil to complete the form. The following will serve as an example:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

0 1 2 3 4 5 6 7 8 9

MID Number

Company

Date

 - -

Month Day Year

Social Security Number

 - -

Date of Birth

 - -

Month Day Year

Last Name

First Name

MI

Street Address (leave one space between each word)

City

State

Zip Code

 -

Last Known Resident Phone

 - -

Last Known Employer Phone

 - -

Charge Off Date

 - -

Month Day Year

Check/Loan Amount

\$

Round to nearest dollar

Reason for Charge-off

- NSF Closed Account Stolen Check Stop Payment



FAX or MAIL this form to:
Teletrack, Inc.
Suite 600
5550-A Peachtree Pkwy
Norcross, GA 30092

DATA FAX: 678-229-1030
Phone: 770-449-8809
Phone: 800-729-6981

SUBMITTED BY (Signature Required)

DO NOT include slow paying accounts, only those for which all avenues of collection have been exhausted.