



MUSIC THEATRE INTERNATIONAL

REFUND CHECK REISSUE REQUEST

ORGANIZATION INFORMATION

Organization: _____ MTI Account Number: _____

Your Name: _____ Title: _____

Email: _____ Phone: (_____) _____ Fax: (_____) _____

CHECK INFORMATION

Original Check Number: _____ Original Check Amount: \$ _____

I am requesting that a "stop payment" be placed on the above-referenced check and that it be reissued because:

- LOST - The check has been misplaced or lost by my organization.
- STOLEN - The check was never received by my organization.
- EXPIRED - The check is now stale dated and can no longer be cashed.
- PAYEE CHANGE - Additional Payee Change Form required.
- OTHER - _____

Please send my reissued check to the following address:

Shipping Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

REFUND INFORMATION

I understand:

- The original check issued to my organization cannot be cashed or deposited once this request is submitted;
- The original check can be reissued only after MTI confirms that it has not been cashed;
- A new check will be issued within 1-2 weeks of receiving this form.

By signing below, I agree that I am a certified representative of the above named organization with the authority to make this request. I understand that MTI will apply a flat fee of \$25.00 to reissue my refund check and that this fee will be deducted from my original refund amount before a new check is issued.

Print Your Name

Signature

Date

PLEASE MAIL OR FAX COMPLETED FORM TO **MUSIC THEATRE INTERNATIONAL**

ATTN: Accounts Payable

421 West 54th St., 2nd Fl., New York, NY 10019

(p) 212.541.4684

(f) 212.707.1487

ap@mtishows.com

MTI OFFICE USE ONLY: REC _____ SP _____ XCL _____ MR _____ FEE _____ NCH# _____ MAIL _____ SCAN _____