



MUSIC THEATRE INTERNATIONAL

refund check payee change request

ORGANIZATION INFORMATION

Organization Name _____

Account Number _____

Your Name _____ Title: _____

Phone Number (_____) _____ Fax Number (_____) _____

Email _____

REFUND INFORMATION

Name of Show Check will be issued for: _____ Booking Number: _____

Please send refund check to the following address:

New Payee Name: _____

Shipping Address: _____

City _____ State _____ Zip Code _____ Country _____

REFUND INFORMATION

The payee change is being requested for the following reasons: _____

By signing below, you agree that you are a certified representative of the above named Organization with the authority to make this request. You agree that MTI's compliance with this request constitutes an accommodation to the Organization. The Organization agrees to hold MTI and its related parties harmless from and against any and all claims asserted against MTI, and any damages, losses or expenses incurred by MTI, as a result of refunding the security fee to the above-referenced payee.

Print Your Name

Signature

Date