



MUSIC THEATRE INTERNATIONAL

refund check reissue request

ORGANIZATION INFORMATION

Organization Name _____

MTI Account Number _____

Your Name _____ Title: _____

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

Email _____

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
- NEVER RECEIVED:** 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 email, fax, or mail completed form to
MUSIC THEATRE INTERNATIONAL

423 w. 55th St., New York, NY 10019 • (o) 212.541.4684 • (f) 212.397.4684 • mtishows.com

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