



## Online Bill Payer Research Request

Name \_\_\_\_\_ Member number \_\_\_\_\_

Daytime phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail address \_\_\_\_\_ @ \_\_\_\_\_

### Payee information

Payee name \_\_\_\_\_ Payment due date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Please identify the payee (*choose one*)

<p><b>Telecommunications Company</b></p> <p>Please enter the area code and phone number next to the applicable service.</p> <p>Cellular (____) _____ - _____</p> <p>Residential (____) _____ - _____</p> <p>Long distance (____) _____ - _____</p>	<p><b>Insurance</b></p> <p><input type="checkbox"/> Auto</p> <p><input type="checkbox"/> Home</p> <p><input type="checkbox"/> Other</p> <p>Insurance policyholder's name _____</p>	<p><b>Utilities</b></p> <p><input type="checkbox"/> Electric</p> <p><input type="checkbox"/> Gas</p> <p><input type="checkbox"/> Water</p>	<p><b>Loan</b></p> <p><input type="checkbox"/> Auto      <input type="checkbox"/> Auto Lease</p> <p><input type="checkbox"/> Equity      <input type="checkbox"/> Mortgage</p> <p><input type="checkbox"/> Personal      <input type="checkbox"/> Credit Card</p> <p><input type="checkbox"/> Student      <input type="checkbox"/> Other (describe below)</p> <p>_____</p> <p>_____</p>
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### Problem to be resolved (*choose one*)

Please describe any problem not listed below in "Additional comments."

<p><input type="checkbox"/> Payment hasn't been received by payee. Please research.</p> <p><input type="checkbox"/> Payment hasn't been received. Please stop payment on the check and refund my account (<i>check payments only</i>).</p> <p><input type="checkbox"/> Payment processed twice.</p> <p><input type="checkbox"/> Late fees incurred with payee. Amount of fee \$ _____</p> <p style="text-align: center;">Payment due date ____/____/____</p>	<p><input type="checkbox"/> Photocopy request (proof of payment)</p> <p><b>Please indicate how you would like to receive the proof of payment.</b></p> <p><input type="checkbox"/> Fax to (____) _____ - _____ ATTN: _____</p> <p><input type="checkbox"/> E-mail to _____ @ _____</p> <p><input type="checkbox"/> Mail to _____</p> <p>_____</p>
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Additional comments \_\_\_\_\_

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Fax completed form to Credit Services: **(206) 676-3649**, or  
 Mail completed form to Credit Services: **P.O. Box 576, Seattle, WA 98111-0576**  
 Questions? Call **(206) 628-6055** or **1-888-628-4010, ext. 6055**