

Payment Investigation Request Form

Important Information:

- You recently advised us that you had paid your bill. Unfortunately, we have no record of your payment. To help us investigate your claim that you paid your bill, please provide the information requested on this form and send the completed form back to the AT&T Accounts Receivable Center within 10 calendar days of September 26, 2017. This will prevent further collection activity on the amount being investigated.
- A copy of your bank statement is not sufficient proof of payment.

Customer Instructions:

- 1. Complete all required fields on this form. A separate form should be used for each check.
- Send the completed form via FAX or E-Mail, along with a copy of the front and back of the check, a legible copy of the electronic remittance history from your bank or a legible copy of your Authorized Payment Location Receipt (if applicable), to the AT&T Accounts Receivable Center.

FAX: **888.538.6028** (Inside the US) or **314.571.2866** (Outside the US) E-Mail: G20775@amcustomercare.att-mail.com

NOTE: Use of encryption software is recommended when emailing information from your financial institution.

Bill Name	The Diennet Institute		
Account Number	9605513678		
Name	Juan Hurtado		
Phone	(818) 913-2061		
E-Mail	juancruzhurtado@gmail.com		
Fax			
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Debit/Credit Card/ Checking Account #	BC-CHK-4968		
Check # or Expiration Date	7866		
Transaction Amount	8,505.87		
Transaction Date	09/20/2017		
	Account Number Name Phone E-Mail Fax Debit/Credit Card/ Checking Account # Check # or Expiration Date Transaction Amount Transaction		

Posting	Amount	Billed Telephone Account Number
Information		
Fill out this		
section only if a		
single payment		
was submitted		
for more than		
one account.		