

## **REQUEST FOR REFUND**

PLEASE PRINT LEGIBLY

CUSTOMER INFORMATION										
CUSTOMER'S FULL NAME							GEORGIA DRIVER'S LICENSE/ID #			
PAYER'S FULL NAME, IF DIFFERENT							CONFIRMATION/BATCH/RECEIPT#			
MAILING ADDRESS OF	ESS)		CITY	STATE ZIP CODE						
DATE OF PAYMENT					AYMENT CREDIT CARD (LAST 4 DIGITS)			_ 🗆 CHECK 🔲 MONEY ORDER		
	PHONE NUMBER OF PAYE			R PAYER EMAIL ADDRESS						
REASON FOR REFUND (CHECK ONE):										
Overpayment   Reinstatement Paid Prior to Effective Date     ALS Hearing   Incorrect Purchase (Not Processed) *     CSC Team Member Error   Court Correction     Duplicate Payment   CDL Skills Test Reservation #     Other (please explain):   Via DDS rule, payments remitted online or via DDS 2 GO are eligible for refunds until midnight of the day of purchase.										
AUTHORIZATION – FOR DDS USE ONLY										
DDS TEAM MEMBER NAME (CSC ONLY)			DDS TEAM MEMBER SIGNATURE (CSC ONLY) X					RECEIVED AT		
MANAGER NAME			MANAGER SIGNATURE X			DATE		□ HQ		
FOR ACCOUNTING USE ONLY										
DECISION REASC   APPROVED NOT APPROVED			N N							
REASON (CONTINUED)										
REFUND AMOUNT REASON, IF REFUND AMOUNT DIFFERENT THEN AMOUNT OF PAYMENT										
FINANCE MANAGER NAME				FINANCE MANAGER SIGNATURE X				DATE		
REVENUE DEPARTMENT					ACCOUNTS PAYABLE DEPARTMENT					
REVENUE ACCOUNT FUND				VOUCHER #		(	CHECK #			
ORGANIZATION CODE FUNDING SC		URCE		VENDOR #			INVOICE #			
OPB PROGRAM PF		PROJECT			ENTERED BY		1	[	DATE	

Please mail completed forms to: Georgia Department of Driver Services PO Box 80447 Attn: Finance Conyers, GA 30013