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 Kent WA 98032-1115  
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Statement Processing **Fax-Back** Instruction Form

Fax (253) 872-7530 Phone: (253) 872-4600

Client #: \_\_\_\_\_ UCI: \_\_\_\_\_ Institution Name: \_\_\_\_\_  
 Please indicate this month's DP contact below  
 Contact: \_\_\_\_\_

TURNAROUND TIME DOES NOT BEGIN UNTIL ALL NECESSARY COMPONENTS REQUIRED FOR PROCESSING ARE RECEIVED AT FISERV, INCLUDING THIS FORM, WHICH MUST BE COMPLETED AND SIGNED.

Date Prepared: \_\_\_\_\_ Statements for Cycle ending: \_\_\_\_\_

Produce Microfiche Tape?  Yes  No

Prepared by: \_\_\_\_\_ Office Phone#: \_\_\_\_\_

(in the event of an after hours emergency or questions)

Home#: \_\_\_\_\_ Cellular#: \_\_\_\_\_ Beeper#: \_\_\_\_\_

Back up Contact: \_\_\_\_\_ Office Phone#: \_\_\_\_\_

(in the event of an after hours emergency or questions)

Home#: \_\_\_\_\_ Cellular#: \_\_\_\_\_ Beeper#: \_\_\_\_\_

**ADDITIONAL INSERTS INFORMATION**

(Bill stuffer, Newsletter, Special envelope)

**Physical inserts must be received by the 25th of the month**

**Any changes to this document (such as adding inserts) must be faxed to Fiserv as a revised Statement Form, and acknowledgment must be faxed back to you.**

Does this mailing use a Supervisory or Special Envelope?  Yes  No

Does this month's mailing require inserts?  Yes  No (if yes please fill in details below)

Permission for mailing to go overweight (additional postage per stmt)  Yes  No

Month to Use	Insert Description/Title	Quantity Supplied	# of Stmt. to Receive this Insert	*Leftover Insert Disposition

Special instructions: \_\_\_\_\_

**Returned material will ship VIA UPS Ground**

**\*Please use the following highlighted descriptions when referring to "Leftover Insert Disposition"**  
**HOLD** - for next run of stmts. **REC** - recycle after completion of mailing. **RTC** - ship UPS to client.