

Direct Payment Notification

Your Business Name & Client Code

To General Credit Services Inc,

The following account, previously assigned to General Credit Services Inc has made the following payment directly to our office. Please update your records accordingly.

Debtor Name	Account#	Assigned Balance
Amount of Payment	Date of Payment	Remaining Balance

How was this payment made?

Cash _____ Cheque _____ Bank Draft _____ Money Order _____

Was this payment accepted as FULL and FINAL payment of the account balance? _____

Miscellaneous Instructions/Comments (if required):

I / We agree to make payment to General Credit Services Inc for any fees owing as a result of this payment. (contingency or third-party collection services only – this does not apply to pre-collection or billing programs)

Name	Signed/Date
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Fax this sheet to General Credit Services Inc at 604-688-6017