Global Tel*Link

GTL Debit Refund Request Form for Inmates who are released from PPS Custody

All of the below information must be filled in completely.

Inmate Account Information

Inmate PID Number : _____ **Inmate PIN Number :** _____

Date of Release : _____

Release Facility Name : _____

Inmate Name: _____

Address to Mail Refund : _____

Apartment # : _____

City : _____ **State :** _____ **Zip:** _____

_____

Inmate Signature ***Date***

Mail this completed form to:

Global Tel*Link System Administrator
c/o CFCF
7901 State Road
Philadelphia, PA 19136

No refunds will be processed under $5.00. Refund requests must be returned within 90 days from release. Once a refund request is received, please allow 30 business days for processing. In the event we find a refund is due, the check will then be mailed to the address listed on this form.

Official Use Only :

PPS 110409