



ARC Pay Cash Security Deposit Release Request Form

Privacy Notice: All information submitted during the application process will be managed in accordance with ARC's Privacy Policy. For more information, please visit www.arccorp.com/legal/arc-privacy-policy.jsp.

Agency and Preparer Information

All correspondence regarding this application will be sent to the individual designated below:

1. ARC Number: _____
2. Agency Legal Name: _____
3. Doing Business as Name: _____
4. Agency Street Address: _____
5. Agency City: _____ State: _____ Zip: _____
6. Name of Preparer: First: _____ Last: _____
7. E-mail Address: _____
8. Telephone Number: _____ Fax Number: _____
9. Requestor's Residential Address: _____
10. Requestor's Residential City: _____ State: _____ Zip: _____

Refund Request Amount

- Refund the entire Cash Security Deposit
- Partial Refund amount of \$ _____

Cash Security Refund Format

The balance of your cash security deposit will be returned to the bank account currently on file with ARC as an Electronic Funds Transfer (EFT)

- EFT Check (Payable to the Travel Agency)

Funds Distribution Information (Only complete if EFT)

Please provide the account information or address for the check to be disbursed:

1. Account Holder Name: First: _____ Last: _____
2. Routing Number: _____ Account Number: _____
3. Bank Name: _____
4. Bank Address: _____
5. Bank City: _____ State: _____ Zip: _____

Please submit the completed form to ARCPayComp@arccorp.com.



Must be signed in presence of a Notary

Signature: _____

Date: _____

Print Name: _____

Title: _____

Signatures sent or received by fax or email will constitute original signatures for purposes of this Certification and the Request and will be treated the same as original signatures.

Please be sure that the copy we receive will show a **clearly visible notary seal**.

(FOR NOTARY USE ONLY)	
County of _____	State of _____
On this _____ day of _____, 20_____	

Print NAME of above signatory (NOT THE NOTARY NAME)	
appeared before me and, having been duly sworn by me, stated that the contents of the foregoing application are true and complete, and signed the application in my presence.	
NOTARY SEAL	_____
	Notary Public Name

	Notary Public Signature
	My commission expires on _____

Please submit the completed form to ARCPayComp@arccorp.com.