

Securus Video Visitation Credit Request Form

I _____ (Print Full Name), am the customer of record and party responsible for Securus Video Visitation account _____ (User Name / Email Address), and my physical address is _____ (Complete Address – Contact Address from User Portal).

I hereby affirm that the following Securus Video Visitation Session(s) disconnected prematurely before I or the other party completed the visitation(s). I am disputing the following session(s) billed to my above referenced account:

Date: _____ Time: _____ From: _____

Date: _____ Time: _____ From: _____

Date: _____ Time: _____ From: _____

*****Please note that Securus cannot be responsible for interruptions in Securus Video Visitation due to incorrect settings on your computer. Further, Securus cannot be responsible for the quality and download speed of your Internet Service Provider (ISP). Therefore, Securus will only issue credit for Securus Video Visitation when a Securus system outage has occurred and is confirmed.**

This document authorizes SCBS to conduct a complete investigation to determine if the termination of the visitation session(s) was indeed a Securus network error. I understand that in order to fully investigate this matter, SCBS may access my account details including, but not limited to, session dates and times and payment information.

When Securus Correctional Billing Services has completed their investigation, my account will be updated with actions taken to address these disputes. The investigation could take up to 14 days to complete upon receipt of form. Also, all disputed sessions must be submitted within 90 days of the termination in question. Please contact our call center at 877-578-3658 for investigation results. I understand and agree that completing this form does not absolve me from financial responsibility should the above charges be sustained at the completion of the investigation. This form provides the authorization for SCBS to research and investigate the Securus Video Visitation session(s) listed above. If SCBS determines that the session(s) under investigation was terminated voluntarily, I understand I will be responsible for the charges. If SCBS determines the session(s) was prematurely disconnected at no fault of either party, credits will be issued to my account as necessary and appropriate.

Customer of Record Printed Name: _____

Customer of Record Signature: _____

Date: _____

Please return form to us by Fax at 972-277-0714

By Web/" Ask A Question" – Complete Form and Attach Completed Form

Mail to P.O. BOX 1109, Addison, TX 75001, ATTN: Inquiry Department