

## Payment Query Form

<b>Purpose of Query:</b>	<input type="checkbox"/> <b>Confirm payment</b> (Did my receiver collect the money?) <input type="checkbox"/> <b>Non-Payment</b> (My receiver did not receive the money transfer.) <input type="checkbox"/> <b>Underpayment</b> (My receiver received less than what I sent.) <input type="checkbox"/> <b>Non-receipt of goods or services from receiver</b> <input type="checkbox"/> <b>Other.</b> Please specify:
--------------------------	---

<b>Money Transfer Control Number (MTCN):</b>	
<b>Sender Name:</b>	
<b>Date &amp; details of last contact with Recipient:</b>	
<b>Did Recipient attempt to collect funds?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> <b>Where?</b> <span style="float: right;"><b>When?</b></span>
<b>Relationship to Receiver:</b>	<input type="checkbox"/> <b>Relative / Family</b> <input type="checkbox"/> <b>Friend</b> <input type="checkbox"/> <b>Business associate</b> <input type="checkbox"/> <b>Other.</b> Please specify:
<b>Purpose of Money Transfer:</b>	<input type="checkbox"/> <b>Family support</b> <input type="checkbox"/> <b>Utility / bill payment</b> <input type="checkbox"/> <b>Advance payment</b> <input type="checkbox"/> <b>Other.</b> Please specify:
<b>Were the MTCN and other transaction details disclosed to someone other than the intended recipient?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, state relationship:

Please provide a copy of the To Send Money form associated with this transfer, as well as any other documentation supporting your request for information.

*I hereby confirm that all information provided above is accurate and complete. I authorize Western Union to use the information provided herein for internal purposes. I understand and acknowledge that completion of this form does not guarantee reimbursement of funds.*

<b>Sender's Signature</b>	<b>Date</b>