

(Use blue or black ink and print within the boxes.)

Application for Refund of Fees, Products and Withdrawal of Customer Accounts

Part 1 - Application (Customer complete and submit Customer/Company Name	t to local Post Office™ for processing)		
Attention			
Mailing Address (Address to which the funds will be mailed)	Apt. or Suite No.		
City			
	State		
ZIP + 4® Telephone	No. (Include area code)		
Amount of Refund Request	Customer Account No. or Postage Meter No.		
\$,			
x			
Signature of Customer	Date of Request (MM/DD/YYYY)		
Privacy Act Statement			
ceedings; to law enforcement when the USPS® or requesting as tractors and other entities aiding us to fulfill the service (service) to federal, state, local or foreign government agencies regarding Systems Protection Board or Office of Special Counsel. For information of the country of the	penali of request. We may only disclose your information as follows: in relevant legal pro- gency becomes aware of a violation of law; to a congressional office on your behalf; to con- providers); to entities authorized to perform audits; to labor organizations as required by law;		
Request Disbursement For: (Select the appropriate box)			
	Refund for Postal Service™ Related Products (AIC 608) (e.g., merchandise)		
(Attach spoiled/misprint label to this form)	ill be used to process and respond to your transaction. Collection is authorized by 39 USC 401, 403, 404, 410, 2008 & 31 USC 7701. mation is voluntary, but if not provided, we may not process your refund request. We do not disclose your information to third parties without pt to facilitate the transactions, to act on your behalf or request. We may only disclose your information as follows: in relevant legal proferement when the USPS® or requesting agency becomes aware of a violation of law; to a congressional office on your behalf; to constitutes aiding us to fulfill the service (service providers); to entities authorized to perform audits; to labor organizations as required by law; to a congressional office on your behalf; to constitutes aiding us to fulfill the service (service providers); to entities authorized to perform audits; to labor organizations as required by law; to a congressional office on your behalf; to constitute aiding us to fulfill the service (service providers); to entities authorized to perform audits; to labor organizations as required by law; to a congressional office on your behalf; to constitute aiding uservice and to flaw; to a congressional office on your behalf; to constitute a congressional office on your behalf to constitute and to flaw; to a congressional office on your behalf to congressional office on your behalf to endourned to provided, we may not provided to perform audits; to labor organizations as required by law; to a congressional office on your behalf to endourned and to flaw; to a congressional office on your behalf to endourned and to flaw; to a congressional office on your behalf to congressional office on your behalf to endourned by all provided to perform audits; to abor organizations as required by law; to a congressional office on your behalf to congressional office or providers, to endourned to perform audits; to the Equal Employment Opportunity Commission;		
(Certified Mail,™ Registered Mail,™ Delivery Confirma	tion™, etc.)		
(Legible postage meter stamps must be submitted to USPS	<i>,</i>		
Refund of Permit Postage and Fees (AIC 528) (Damaged printed mailing, refund of annual fee)	Withdrawal from Advance Deposit Account (AIC 470/453)		
Refund of Fees and Retail Services (AIC 535)			
(PO Box keys and service fees)	Explanation:		
Value Added Services (AIC 541) - Refunds to mailing agen will require the Customer Tax Identification Number (TIN).	ats that perform value added service and submit mail at discounted rates. This refund		
	Customer TIN#		
Part 2 - Verification of Disbursements (This area is fo			
	Approved Amount of Disbursement \$		
Post Office ZIP + 4 Finance Number	er and Unit ID Telephone No. (Include area code)		
Print Contact Name			
Certifying Employee Signature	Date Witness Signature Date		
	Date Williess Signature Date		

Meter Manufacturer	- VIII-LA	Meter Serial No.	His Bridge	Meter License	- willer L	
(Group and list by pos	tage units or value)		(Group and list by pos			
Number of Pieces	Amount Each	Postage Value	Number of Pieces	Amount Each	Postage Value	
					100	
				-		

	Total Postage Value			Total Postage Value		
·			Grand	Total of Postage Value	\$	
		(10% of face value of	\$35 per hour if over \$350.	Less Charges		
ost Offices must destroy	y customer meter stamps to p	prevent reuse. The manager a	and	Total To Be Refunded	\$	
a witness must sign to certify that the meter impressions listed above were destroyed. Supervisor/Manager Signature Date		Witness Signature	Witness Signature			
Part 4 - Special S	ervices and Other I	Refunds (Note: Fees fo	or registered, insured, and C	OD services are not ordin	narily refundable.)	
Explain the reason for	the requested refund:					
····		7.000	Amount of Refund to Wh		\$	
			fill accordance with col	S poncy)	1	

Payee Signature or Money Order Serial Number:

Date

Part 6 - Disbursements Processed by the Accounting Service Center (ASC)

- 1) Postal Service official and witness must verify this claim and enter the approved amount in the "Approved Amount of Disbursement".
- 2) Certifying Postal Service official and witness are required to print and sign as authorization for payment or withdrawal of trust account.
- 3) Ensure the proper accounting entries are performed:
 - a) If this is a refund, use the appropriate AIC for the refund. (See "Request Disbursement For" section.)
 - b) If this is a withdrawal from an advance deposit account, use the appropriate AIC 453 for BRM/Postage Due or AIC 470 for permit.
 - c) Ensure the offset to AIC 280, Disbursement Sent to ASC, is performed either in Form 1412 or Postal One!® system.
 - d) Attach the supporting AIC 280 documentation (PS Form 3544 or 3533-X) to the PS Form 3533.
- 4) SUBMIT PS Form 3533 with attached AIC 280 supporting documentation to the USPS Scanning and Imaging Center.
- 5) Customer will receive the payment from USPS. NOTE: Maintain a copy of the PS Form 3533 locally for 90 days.