ENDEAVOR GENERAL AGENCY, LLC
3723 S. FM 551
ROYSE CITY, TX 75189
OFFICE: (972) 772-1820
FAX: (972) 772-3782
TOLL FREE: (877) 285-1296

PAYMENT REVERSAL REQUEST

Insured's Name: _____ **Policy #:** _____

Producer: _____ **Producer Code:** _____

Reversal Amount: $_____ **Date:** _____

Please Reverse The Payment Amount Above For The Following Reason:

_____

_____

_____

_____

_____

Agent's Signature: _____

***PLEASE SUBMIT ALL PAYMENT REVERSALS WITH IN 24 HOURS OF THE PAYMENT BEING POSTED. ANY PAYMENT REVERSAL RECEIVED AFTER THE 24 HOUR PERIOD WILL NOT BE PROCESSED. THANK YOU FOR YOUR COOPERATION.**