

# PATERNITY USA REFUND REQUEST

**Read before completing this form:**

**YOUR REFUND WILL NOT BE PROCESSED UNLESS THIS FORM IS COMPLETED LEGIBLY AND RETURNED TO THE ADDRESS LISTED BELOW ALONG WITH YOUR UNUSED KIT.**

- Please allow 2-3 weeks for refund processing.
- The Genetic Testing Laboratory is not responsible for lost or misdirected mail. If you do not receive your mailed refund, you may request a stop payment on your check. A stop payment fee will be added to your account balance before a replacement check will be processed.
- If someone other than yourself will pick up your refund, you must provide a notarized note signed by you, granting permission to release your refund to another party.
- **Fraudulent Credit Card Charges or Fraudulent Claims** - All requests to negate charges are investigated by our technical department and legal department. If you make a fraudulent claim of unauthorized card usage, we will report this to the credit card services. This report may result in cancellation of your card services, put negative information on your credit report, and create possible criminal charges that may be filed against you.

**Complete all sections – PLEASE PRINT: (Illegible forms will not be processed)**

NAME: \_\_\_\_\_ (Must match order info)

ORDER#: \_\_\_\_\_ DATE ORDERED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Payable to: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Distribution options: (Choose only one)

\_\_\_\_\_ Credit my Card# \_\_\_\_\_ Exp.Date \_\_\_\_\_  
(Must be same card payment was made with!)

\_\_\_\_\_ Check

Delivery Method: (Choose only one)

\_\_\_\_\_ Regular mail  
\_\_\_\_\_ Certified mail (Add 5\$ by money order)  
\_\_\_\_\_ Express mail (Add \$10 by money order)  
\_\_\_\_\_ Pick up at the GTL Office (GTL office Las Cruces, Mon.-Fri. 9am-4pm)

I have read, understand and agree to the information on this form and the refund policy posted at <http://www.paternityusa.com/About-Our-Laboratory.htm>. GTL reserves the right to determine whether or not this policy applies on a case by case basis.

**CUSTOMER SIGNATURE**

Mail to: **PUSA Kit Return  
Genesis Center - A  
MSC3ARP, Box 30001  
3655 Research Drive  
Las Cruces, NM 88003**

OFFICE USE ONLY

**USA**