



ENROLLMENT SERVICES DIVISION

MICHIGAN AGENCY ESCROW ACCOUNT REFUND REQUEST

Agency Name _____

L-1 Account Number _____

Mailing Address _____

City/State/Zip _____

Contact # _____
(In case of questions)

Authorized Agent

Date

Reason for Refund Request

Agency Must Use State Vendor

No Longer Fingerprinting Applicants

Other (explain) _____

Please complete the information above and fax this document to (615) 871-0845

Questions regarding status of refund payment should be directed to the L-1 Enrollment Services Finance Department at the address/phone number noted below:

L-1 Enrollment Services - Finance Department
15 Century Blvd., Suite 510
Nashville, TN 37214

Phone: (877) 512-6962 Fax: (615) 871-0845