

Document Creator

Initials: MD Change

Envelopes Postal Traces Cure Letter Final Payment Letter VPA Payoff Checks

Firm  
☒ HAD ☐ NWTLG ☐ No Return Address

Return Envelopes  
☐ NWTLG ☐ HAD

Service Requested  
☒ Address ☐ Change ☐ Forwarding ☐ Return ☐ None

Information  
Name:   
Address:   
City/State/Zip:   
Extra line:

Save Print Clear

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Firm  
☒ HAD ☐ NWTLG

Information  
Name:   
Address:  ☐ Don't clear  
City/State/Zip:  ☐ Don't clear  
Court:   
Plaintiff:   
Reference number:

Print Settings  
☐ No return envelope  
☐ No postmaster envelope

Save Print Clear

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Firm  
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Information  
Name:  Plaintiff:   
Address:  Court:   
City/State/Zip:  Case No:   
Email:  Jmt amount:   
Less:

Payments  
Last Payment:  on 12/20/23  Remit Applied To: 12/20/23   
Min Payment:   
Day due:  (Leave blank if payment is due before the end of the month)  
☐ Resume by:

Upload Outline  
 No file selected

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Firm  
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Information  
Name:  Plaintiff:   
Address:  Court:   
City/State/Zip:  Case No:   
Email:

Remaining balance  
Balance Owing:  on 12/20/23

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Information  
Name:  Plaintiff:   
Address:  Court:   
City/State/Zip:  Case No:   
Email:

Payment  
Min payment:  due on 12/20/23  
Current balance:   
Day due:

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Firm  
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Information  
Agent Name:  Plaintiff:   
Job Title:  Defendant:   
Title Company:  Court:   
Phone:  Case No:   
Fax:  File No:   
Email:  ☒ OR ☐ WA

Remaining balance  
Current balance:   
Balance owing:  Good through: 12/20/23  
Per diem:  Judgment Entry: 12/20/23

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Spreadsheet Selection  
 File Name: C:/Users/mark/Automations/checks/attempt1.xlsx

Transaction Type  
☐ Direct Pay  
☒ Firm Receipt  
☐ Supplemental  
☐ Other   
Remit date: 12/20/23