

Securus Video Connect Credit Request Form

I _____ (Print Full Name), am the customer of record and party responsible for Securus Video Connect account _____ (User Name / Email Address), and my physical address is _____ (Complete Address – Contact Address from Account).

I hereby affirm that the following Securus Video Connect session(s) disconnected prematurely before I or the other party completed the session(s). I am disputing the following session(s) billed to my above referenced account:

Date: _____ Time: _____ From: _____

Date: _____ Time: _____ From: _____

Date: _____ Time: _____ From: _____

*****Please note that Securus cannot be responsible for interruptions in Securus Video Connect due to incorrect settings on your computer. Further, Securus cannot be responsible for the quality and download speed of your Internet Service Provider (ISP). Therefore, Securus will only issue credit for Securus Video Connect when a Securus system outage has occurred and is confirmed.**

This document authorizes Securus to conduct a complete investigation to determine if the termination of the session(s) was indeed a Securus network error. I understand that in order to fully investigate this matter, Securus may access my account details including, but not limited to, session dates and times and payment information.

When Securus has completed their investigation, my account will be updated with actions taken to address these disputes. The investigation could take up to 5 days to complete upon receipt of form. Also, all disputed sessions must be submitted within 90 days of the termination in question. Please contact our call center at 877-578-3658 for investigation results. I understand and agree that completing this form does not absolve me from financial responsibility should the above charges be sustained at the completion of the investigation. This form provides the authorization for Securus to research and investigate the Securus Video Connect session(s) listed above. If Securus determines that the session(s) under investigation was terminated voluntarily; I understand I will be responsible for the charges. If Securus determines the session(s) was prematurely disconnected at no fault of either party, credits will be issued to my account as necessary and appropriate.

Customer of Record Printed Name: _____

Customer of Record Signature: _____

Date: _____

**Submit your form via our website by attaching your form through our Ask A Question page
"By Web/"Ask A Question" – Complete Form and Attach Completed Form"**

Fax your form to 972-277-0714

Mail form to PO Box 1109, Addison, Texas 75001 Attn: Inquiry Department