



**Motor
Vehicle
Division**

Mail Drop 532M
Title and Registration Partnerships
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

**ELECTRONIC THIRD PARTY
ADJUSTMENT AUTHORIZATION**

96-0415 R02/07 www.azdot.gov

This form must be completed in full and signed by two employees of the Authorized Third Party.

Adjustment Type <input type="checkbox"/> Refund <input type="checkbox"/> Correcting Deposit	Refund Amount	Correcting Deposit Amount	Business Date (for adjustment)
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Authorized Third Party Name	Generic Code 788	Office Number	
Mailing Address	City	State	Zip

Reason For Adjustment

Preparer Printed Name	Phone ()
Preparer Signature	Date

Approver Printed Name	Phone ()
Approver Signature	Date

MVD Use

Send the original form with a printout of the Office Reconciliation and Close screen (indicating the overpayment date) and a copy of the validated bank deposit slip, to the address above.

A photocopy of the completed form must be included with the daily batch, for audit purposes.

Receipts Accounting Signature	Date
Warrant/ACH #	Claim #