

**DIRECTV Fax Cover Sheet
for Payment Disputes**

Please complete all the sections on this form, including:

- 1) Entering the number of **pages** and **today's date**
- 2) Your **DIRECTV account number**
- 3) In the event we need to contact you please provide your **name, phone number, and email address**
- 4) If the issue is in regards to a bank account or credit/debit card, please include the full account number in the **bank or credit card account number** field
- 5) Send the appropriate documentation showing proof of payment such as a:
 - **Bank statement OR front and back of canceled check**
 - **CheckFreePay receipt**
 - **Credit/Debit card statement**
 - **Front and back of CASHED money order**

Please allow 10 business days for your issue to be reviewed.

To: DIRECTV **Fax #:** 877-580-2148

Pages: **Date:**

DIRECTV Account Number :

Account Holder Name:

Account Holder Phone Number:

Email:

Bank Account or Credit/Debit Card Number:

Payment Amount Disputed:

Please include a brief explanation of the issue: