



QUANTUM ALLIANCE GENERAL AGENCY, LLC
2931 Ridge Road #106
Rockwall, TX 75032
Office: (855) 935-1233
EMAIL: Customerservice@QuantumMGA.com

PAYMENT REVERSAL REQUEST

Insured's Name: _____ Policy #: _____

Producer: _____ Producer Code: _____

Reversal Amount: \$ _____ Date: _____

Please Reverse The Payment Amount Above For The Following Reason:

Agent's Signature: _____

***PLEASE SUBMIT ALL PAYMENT REVERSALS WITH IN 24 HOURS OF THE PAYMENT BEING POSTED. ANY PAYMENT REVERSAL RECEIVED AFTER THE 24 HOUR PERIOD WILL NOT BE PROCESSED. THANK YOU FOR YOUR COOPERATION.**