



# DEBT CANCELLATION CONTRACT REPORTING FORM

ACCOUNT NAME		ACCOUNT NUMBER
ADDRESS		
CITY	STATE	ZIP
CONTACT	PHONE	FAX
REPORTING PERIOD	NUMBER REPORTED	NUMBER SPOILED

CONTRACT NUMBER	EFFECTIVE DATE	TERM	CONSUMER NAME	REMITTANCE
(1)				\$
(2)				\$
(3)				\$
(4)				\$
(5)				\$
(6)				\$
(7)				\$
(8)				\$
(9)				\$
(10)				\$
(11)				\$
(12)				\$
(13)				\$
(14)				\$
(15)				\$
(16)				\$
(17)				\$
(18)				\$
(19)				\$
(20)				\$

<p><b>MAKE CHECK PAYABLE TO: PROGRAM ADMINISTRATOR</b> AND REMIT TO ADMINISTRATOR AT ADDRESS SHOWN BELOW.  <b>PLEASE ACCOUNT FOR ALL PRE-NUMBERED WAIVER FORMS IN NUMERICAL ORDER.</b> ALL PRE-NUMBERED FORMS          MUST BE ACCOUNTED FOR. <i>RETURN ALL SPOILED COPIES TO ADMINISTRATOR WITH THIS REPORT.</i></p>	<p><b>DO NOT OFFSET OR NET CANCELLATIONS AGAINST NEW BUSINESS</b></p>	\$
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**Program Administrator**  
 1785 Hancock St., Suite 100  
 San Diego, CA 92110-2051  
 (619) 228-0100 FAX (619) 228-0128