



# WOLFCO BAILIFFS

A Division of Matrix Communications Management, Inc  
*“Recoveries with Integrity”*

#303 – 20465 Douglas Cres  
Langley, BC V3A 4B6

Tel: 604-595-REPO (7376) Fax: 604-539-8367

## DIRECT PAYMENT NOTIFICATION

---

Your Client Code: \_\_\_\_\_

Your Business Name: \_\_\_\_\_

---

### To Wolfcobailiffs

The following account, previously assigned to Wolfcobailiffs has made the following payment directly to our office. Please update your records accordingly.

---

Debtor Name: \_\_\_\_\_ / Account No \_\_\_\_\_

Pmt Amount \_\_\_\_\_ / Pmt Date \_\_\_\_\_ / Balance Assigned \_\_\_\_\_ Balance Remaining \_\_\_\_\_

---

### How Was Payment Made?

CASH \_\_\_\_\_ / CHEQUE \_\_\_\_\_ / BANK DRAFT \_\_\_\_\_ / MONEY ORDER \_\_\_\_\_

Was this payment accepted as FULL and FINAL payment of the account balance? YES \_\_\_\_\_ / NO \_\_\_\_\_

### Miscellaneous Instructions / Comments (if required):

---

---

---

---

---

---

---

---

---

I / We agree to make payment to Wolfcobailiffs for any fees owing as a result of this payment.  
(Contingency or Third-Party Collection Services only – this does not apply to Pre-Collection or Billing Programs)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**This form MUST be faxed to Wolfcobailiffs @ 604-539-8367**