PREPAYMENT MISDIRECTED PAYMENT CLAIM FORM

This request form is for Energy Suppliers who are who are requesting a re-allocation of misdirected payments following the process in the REC Resolution of Consumer Facing Switching and Billing Problems Schedule.

The following table shows the Reason Codes to be used.

|  |  |
| --- | --- |
| **Reason Code**  | Description |
| **01** | No payments held for the MPAN for the period  |
| **02** | Wrong PPMIP/ Supplier |
| **03** | Invalid MPAN  |
| **04** | Total refunded to customer |
| **05** | Partial refunded to Customer |
| **06** | Already settled same day in previous claim |
| **07** | Settled part of same period in previous claim |
| **08** | Settled to other supplier |
| **09** | Contact previous supplier |
| **10** | Payment ceased at loss |
| **11** | Additional payments outside the claim period |
| **12** | Meter serial number missing |
| **13** | Credit meter at time of loss |
| **14** | Erroneous Transfer |
| **15** | Meter serial number is incorrect |
| **16** | Claim covers our supply period |
| **17** | Customer still using our key |

PREPAYMENT MISDIRECTED PAYMENT CLAIM FORM

Organisation Details

|  |  |
| --- | --- |
| **Company Name** |  |
| **Contact Details**  |  |

|  |  |  |
| --- | --- | --- |
| **Column**  | Description |  |
| **A** | ID |  |
| **B** | MPAN |  |
| **C** | Property Number |  |
| **D** | Street  |  |
| **E** | Post Code |  |
| **F** | Date From |  |
| **G** | Date To  |  |
| **H** | Payment Amount  |  |
| **I** | Reason Code  |  |
| **J** | Previous Supplier |  |
| **K** | Any additional info |  |
| **L** | Number of Transactions |  |
| **M** | Meter Serial Number  |  |
| **N** | Associated MPAN’s |  |
| **O** | Customer Reference (confidential for processing only) |  |
| **P** | Meter Read (single/ day / low) |  |
| **Q** | Date of Meter Read (single / day/ low) |  |
| **R** | Meter Read (night/high) if applicable |  |
| **S** | Date of Meter Read (night/high) if applicable |  |