

## ACCOUNT CROSS-CHECK FORMAT

Mexico, on the \_\_\_\_\_ day of the year 20( )

To Whom It May Concern.

I, \_\_\_\_\_, identified with INE/IFE/CURP/ID number \_\_\_\_\_, confirm that I am the cardholder and/or the holder of reservation number \_\_\_\_\_.

By means of this letter, I authorize you to carry out an account transfer, applying the funds from reservation No. \_\_\_\_\_ to the new reservation No. \_\_\_\_\_.

Additionally, to maintain contact with you, I hereby provide:

Phone numbers: \_\_\_\_\_

Residential address: \_\_\_\_\_

Email address: \_\_\_\_\_

The validity of this account transfer request is eleven (11) months from the date of issuance and/or first payment of your reservation. Please note that a maximum of two new quotations may be generated to process the account transfer. If you made your reservation payment by credit card through our call center or website, please remember to attach the bank statement showing the purchase made to Servincludidos S.A. de C.V.

Note: Please be aware that this form must be submitted through the website [www.decameron.com/es/mx-inicio](http://www.decameron.com/es/mx-inicio), under the PQR registration option.

Sincerely,

\_\_\_\_\_  
Signature of the invoice holder and/or cardholder for non-face-to-face payment

### 1.Version Control

Versión	Description	Prepared by (Name - Position - Date)	Reviewed by (Name - Position - Date)	Approved by (Name - Position - Date)
1	Initial Version	Elvis Salazar Process Analyst 14/10/2025	Monica Segura Functional Coordinator of Commercial Operations 14/10/2025	Lina Palma Head of Corporate Customer Service and Back Office 14/10/2025