

SUBSTITUTE CHECK
CLAIM FORM

I, Client Name hereby certify:

- (1) I am a consumer who received a substitute check:
 - a. In paper form
 - b. Image

- (2) I am a commercial/business client who received a substitute check
 - a. In paper form
 - b. Image

- (3) This check is: (choose one)
 - a. A check I wrote
 - b. A returned deposited item

- (4) The original check or a sufficient copy of the original check is necessary in order to determine the validity of the check because: (check all that apply)
 - a. The information on the check is illegible
 - b. I believe the bank charged my account incorrectly
 - c. I do not recognize the payee
 - d. The check may be a forgery

(Note: this reason only applies if the original or a better copy of the substitute check is needed to make the determination that the item is forged. If you know the item is a forgery, you must complete a Forgery Affidavit instead of this form.)

Please enter any additional information concerning your request here:

- (5) I believe that I have a claim because:(Check all that apply)
 - a. This check does not meet the requirements for a legal substitute check.
 - b. This check has been charged to/against my account more than once
 - c. Lost interest and/or fee refund requested (BANK will calculate)

Please enter any additional information concerning your claim here:

- (6) The information needed to identify the substitute check is:
 - a. Check #
 - b. Account #
 - c. Date check was written (or date returned, if known)
 - d. Amount of check\$.
 - e. Payee .

- (7) Account has been opened less than 30 days: Yes No

Note: Recredited amounts may not be available immediately if you are a new client (account less than 30 days old) or if your account has been repeatedly overdrawn.

By my signature below, I affirm that the contents of the foregoing document are true and correct to the best of my knowledge.

Date

Signature

For Operations use only:

BANK CLAIM FOR RECREDIT

1. Date of Claim:
2. Date Substitute check sent or statement mailed to client
3. Timing met (Claim made within 40 days of date mailed to client) Yes No
4. Claim For: \$
- 5.

<p>Claimant bank:</p> <p>YOUR BANK INFO HERE</p> <p>Address City, State, Zip Attn: Phone #</p>	<p>Indemnifying Bank:</p> <p>Name Address City, State, Zip Attn: Phone #</p> <p>This bank is the: <input type="checkbox"/>Reconverting Bank <input type="checkbox"/>Transferring Bank</p>
--	---

4. We are obligated to provide expedited recredit in connection with this claim or have otherwise suffered a loss because:

5. The undersigned, on behalf of the claimant bank, does hereby swear and affirm, the following statements are true:

- We received a consumer claim for expedited recredit (copy attached)
- We received a customer claim for recredit (copy attached)

6. Copy of front and back of substitute check or electronic representation attached

7. Production of the original check or a sufficient copy is necessary to determine the validity of the charge to the consumer account or the validity of any claim associated with such substitute check in lieu of paying the amount due because:

Signature _____ Title:

Date Sent:

Claimant Bank use only:

Response received on: (Date)

- Received original check
- Received better copy of substitute check
- Received recredit from reconverting bank

Date:

Amount:

Notice of recredit mailed to client on: (Date)

- Bank denied claim (reason)

Notice of denial and reversal of expedited recredit sent to client on: (Date)

Bank Employee Signature: _____ Date