

SUBSTITUTE CHECK EXPEDITED RECREDIT CLAIM

Written Request for Refund

Making an Expedited Rerecredit Claim. If you have received a substitute check and can demonstrate that the original check is necessary to show that you have suffered a loss, you can use this form to make a claim for a refund. If you use this procedure, you may receive up to \$2,500 of your refund (plus interest if your account earns interest) within 10 business days after we received your claim and the remainder of your refund (plus interest if your account earns interest) not later than 45 calendar days after we received your claim. We may reverse the refund (including any interest on the refund) if we later are able to demonstrate that the substitute check was correctly posted to your account.

NOTICE OF INCOMPLETE CLAIM. If this box is checked, we have determined that the substitute check claim you submitted on _____ is incomplete. Below, we have indicated (for example, by highlighting or circling) the information we need to investigate your claim.

Name of the person who either wrote or deposited the original check: Address: Phone: Work Phone: <small>("You" and "Your" mean the person making the claim)</small>	Send this Claim Form to: UNITED BANK OF PHILADELPHIA P O BOX 54212 PHILADELPHIA, PA 19105 <small>("Financial Institution" and "we" mean the party named above)</small>
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Today's date: _____ Account number: _____

Substitute Check Information.

Check this box if the substitute check or a copy of the substitute check is being submitted with this form. If the substitute check or a copy of the substitute check is not being submitted with this form, please provide the following information:

The check number: _____
The name of the person to whom the check was written: _____
The amount of the check: \$ _____
The date of the check: _____

Amount of Loss. Estimate of the amount of your loss (the amount of the check plus any interest owed or fees paid):
\$ _____

Description of Loss. Describe why you have suffered a loss:

- The amount withdrawn was incorrect
- Money was withdrawn from your account more than once for the same check
- _____

Need for Original Check. Explain why the substitute check you received is insufficient to confirm that you suffered a loss:

- Information contained on the substitute check is illegible (for example, the amount)
- Physical examination of the check is necessary (for example, to prove forgery)
- _____

Additional Information.

Signature. You declare under penalties of perjury that the above information is true and correct.

Signature

Revocation of Claim	
You hereby revoke this expedited rerecredit claim and release the Financial Institution from any liability with regard to the same.	
_____ Signature	_____ Date
For Internal Use	
Received by (employee name): _____	
Date Claim Received (Postmark if received by mail): _____ by <input type="checkbox"/> mail <input type="checkbox"/> fax <input type="checkbox"/> personal delivery <input type="checkbox"/>	
Notice of <input type="checkbox"/> Valid Claim <input type="checkbox"/> Provisional Credit <input type="checkbox"/> Denial <input type="checkbox"/> Reversal <input type="checkbox"/> _____ sent on (date): _____	
Date of Statement or Date Substitute Check Made Available: _____	
Additional Information: _____	