

**SUBSTITUTE CHECK CLAIM FORM**



|                           |       |
|---------------------------|-------|
| FOR BANK USE ONLY         |       |
| Date claim received       | _____ |
| Date sent to Central Svcs | _____ |
| Accepted by               | _____ |
| Branch #                  | _____ |

Type of Claim (check ALL that apply)

CLAIM FOR EXPEDITED RECREDIT

- Warranty Claim
- Indemnity Claim

Claim Amount \$ \_\_\_\_\_

**The undersigned (referred to as "I", "me", or "my") hereby certifies as follows:**

1A)  I am a **consumer** who received a substitute check (EXPEDITED RECREDIT procedures *may* apply):

- In paper form
- Electronically (image)

1B)  I am a **commercial/business client** (Expedited Recredit procedures do **NOT** apply)

2) My account # \_\_\_\_\_ was charged on \_\_\_\_\_ for the following:

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Payee \_\_\_\_\_

Maker of check \_\_\_\_\_

3) This check is (choose one):  A check I wrote       A returned deposited item

4A) I believe I have a WARRANTY CLAIM because (check all that apply):

- This check does not meet the requirements for a legal substitute check
- This check has been charged to my account more than once
- Other (please explain) \_\_\_\_\_

4B) I believe I have an INDEMNITY CLAIM. I suffered a loss because I received a substitute check instead of my original check; the following amount(s) are included in this loss amount:

|  |          |
|--|----------|
| Amount of check  | \$ _____ |
| Interest lost  | \$ _____ |
| Amount of fees assessed (i.e., overdraft, returned check fees) | \$ _____ |
| Other fees (explain) _____                                     | \$ _____ |

5) The original check or a sufficient copy of the original check is necessary to determine the validity of the check because (check all that apply):

- The information on the check is illegible
- I believe the bank charged my account incorrectly
- I do not recognize the payee
- The check may be a forgery (NOTE: This reason applies only if the original check or a better copy of the substitute check is needed to determine if the item is forged. **If you KNOW the item is a forgery, complete form OP-079, Affidavit of Claimant, instead of this form**)
- Other (please explain) \_\_\_\_\_

6) 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 signing below, I affirm under the penalties of perjury that the contents of the foregoing document are true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Notarize here if not signed in Bank's presence**

For Bank Use Only:  
BANK CLAIM FOR RECREDIT

1. Date of Claim: \_\_\_\_\_
2. Date substitute check or statement mailed to customer: \_\_\_\_\_
3. Timing met (claim made within 40 days of date mailed to customer)  Yes  No
4. Claim amount: \$ \_\_\_\_\_

|  |  |
|--|--|
| <p>5. Claimant Bank:</p> <p>Bank of Nevada<br/>2700 West Sahara Avenue<br/>Las Vegas NV 89102<br/>702-248-4200 extension _____<br/>Attn: _____</p> | <p>6. Indemnifying Bank:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Attn: _____</p> <p><input type="checkbox"/> Reconverting Bank    <input type="checkbox"/> Transferring Bank</p> |
|--|--|

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. 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)

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date Sent: \_\_\_\_\_

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Claimant Bank Use Only

Response received on: \_\_\_\_\_

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

Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Notice of Valid Claim and Refund mailed to customer on: \_\_\_\_\_

- Bank denied claim (reason) \_\_\_\_\_

Notice of Denial of Claim or Notice of Reversal of Refund mailed: \_\_\_\_\_