

**FEDERAL RESERVE SYSTEM  
EXPEDITED RECREDIT CLAIM FORM**

To: Regional Check Adjustments Department Federal Reserve Bank of _____	Date: _____
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**Section 1 – Claim of Loss Amount and Item Detail**

Item Received as <input type="checkbox"/> substitute check In a <input type="checkbox"/> forward cash letter <input type="checkbox"/> return letter Amount of Claim \$ _____ Date Became Aware of Claim _____ Amount of Item \$ _____ Your Bank's Name _____ Your Bank's Routing (ABA) Number _____ Received From _____ Cash/Return Letter Dated _____ Cash/Return Letter Total \$ _____ Tape Total \$ _____ Listed Between \$ _____ and \$ _____ Sequence Number _____	Drawer's/Maker's Account Number _____  Check Number _____  Payable to _____
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**Section 2 – Description of the Consumer's Claim or the Warranty Claim**

<p><b>Describe the consumer's claim or the warranty claim related to the substitute check, including why your bank believes the substitute check item may not be properly charged against the consumer's account. Explain why the production of the original check or a sufficient copy of the original check is necessary to determine the validity of the charge to the consumer's account or the warranty claim.</b></p> <p>Description of Claim: _____          _____          _____</p> <p>Bank's Statement of Why the Substitute Check May Not be Properly Charged to the Consumer's Account: _____          _____          _____</p> <p>Explanation of Why the Original Check or a Sufficient Copy is Necessary to Determine the Validity of the Charge or Claim: _____          _____          _____</p>
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**Section 3 – Estimated Amount of Recredit or Loss**

**Describe whether your bank is obligated to recredit the consumer's account under Regulation CC Section 229.54 or whether, and how, your bank has otherwise suffered a loss. Provide an estimate of the amount of the recredit or loss, including interest, if applicable.**

**Check the appropriate box and provide the information requested.**

1. We are obligated to recredit the consumer's account.

Date of Actual or Anticipated Recredit	Amount of Recredit
_____	\$ _____
_____	\$ _____

If the amount of the recredit includes interest, describe the applicable interest rate associated with the consumer's account, and the calculation used in arriving at the cost of interest: \_\_\_\_\_

2. We are not obligated to recredit the consumer's account, but have otherwise suffered a loss. Describe how your bank has suffered a loss: \_\_\_\_\_

Describe how the amount of the loss was calculated: \_\_\_\_\_

**Section 4 – Attachments**

**Required Attachment:**

- Attach a complete copy of the consumer's claim that complies with Regulation CC, Section 229.54.

If the consumer's claim cannot be attached, check applicable box below:

- The consumer filed an oral claim (no written claim is available).  
 The consumer did not file a claim.

**Optional Attachment:**

- Attach any other documentation or information that may be helpful in evaluating the validity or amount of this claim.

We certify that, according to our records, we are entitled to make an Expedited Recredit Claim, the information contained in this Expedited Recredit Claim is accurate, and that we, or our customer, have suffered the loss as described in the claim.

\_\_\_\_\_  
Routing (ABA) Number

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Please Print Bank Contact and Phone  
Number

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

If the Reserve Bank does not receive all of the information requested within 120 calendar days of the date of the transaction that gave rise to the claim, the Reserve Bank will deny the expedited recredit request. In addition, the item must have been collected and/or returned through the Federal Reserve check collection system in order for a claim to be submitted. Knowingly making false statements to influence the action of a Federal Reserve Bank may subject the signing party to criminal penalties under federal and/or state law. (10/04)