

Federal Reserve Bank Expedited Recredit Claim

Section 1 - Claim of Loss Amount and Item Detail

	☐ Substitute Check		
In a (Check One)	☐ Forward Cash Lette	r 🗌 Returi	n Letter
Amount of Claim (Must be at least \$25.01)			
Date Became Aware of Claim			
Amount of Item			
Your Bank's Name			
Your Bank's 9 Digit Routing Number			
Received From			
Cash/Return Letter Dated			
Cash/Return Letter Total			
Tape Total			
Listed Between		and	
Sequence Number		I	
Drawer's/Maker's Account Number			
Check Number			
Payable To			
en 2 – Description of the Ce the consumer's claim or the war te check item may not be properly check or a sufficient copy of the cer's account or the warranty claim tion of Claim:	ranty claim related to the charged against the cororiginal check is necessary	substitute check, i sumer's account. I	ncluding why your bank be Explain why the production

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s statement of why the substitute	check may not be properly charged to the consumer's account:
L nation of why the original check or	r a sufficient copy is necessary to determine the validity of the charge or c
ion 3 – Estimated Amount	of Recredit or Loss
	d to recredit the consumer's account under Regulation CC Section 229.54 wise suffered a loss. Provide an estimate of the amount of the recredit or
the appropriate box and provide	the information requested.
☐ We are obligated to recredit	the consumer's account.
Date of Actual or Anticipated Recredit	
Amount of Recredit	
	cludes interest, describe the applicable interest rate associated with the alculation used in arriving at the cost of interest:
☐ We are not obligated to recre	edit 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	
ion 4 – Attachments	
the appropriate box and provide	the applicable attachment.
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	☐ 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 results in evaluating the validity or amount of this classification.	

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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.

Bank Name	
9 Digit Routing Number	
Name of Bank Contact	
Phone Number of Bank Contact	
Authorized Signature	
Date	

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 systemin 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.

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