



Substitute Check Claim Form Checklist

NOTE: The Substitute Check Claim Form can only be used if you have received an actual Substitute Check

To speed the processing of your request, please follow these steps....

1. We must receive this claim within 40 days of the date you received the Substitute Check
2. Fill out the Substitute Check Claim Form completely. An incomplete form may delay your request.
3. So that we may begin our investigation, send the form to DCU in one of the following three ways:
 - Fax your form to 508.263.6453
 - Bring your form to any DCU branch office, or
 - Mail the completed form to:

Digital Federal Credit Union
Account Service Center
220 Donald Lynch Blvd.
Marlborough, MA 01752

What you can expect

Once we receive a completed **Substitute Check Claim Form** we will begin our investigation.

We will credit your account no later than the business day following the completion of our investigation if we have been able to validate the claim.

If we need further time to investigate, we will provisionally credit your account up to \$2,500 within 10 business days from the date your claim was made and the remainder (if applicable) within 45 days.



Digital Federal Credit Union

220 Donald Lynch Boulevard • PO Box 9130 • Marlborough, MA 01752-9130
800.328.8797 • WEBSITE: dcu.org • EMAIL: dcu@dcu.org
FAX: 508.804.3662

Substitute Check Claim Form

NOTE: The Substitute Check Claim Form can only be filled out if an actual substitute check was received and a loss was suffered due to the conversion of an original item to a substitute check.

GENERAL INFORMATION:

Prime Member Name: _____

Residential Address: _____

Phone #s/Work: _____ Home: _____

Membership #: _____ Account #: _____

Amount: \$ _____

The substitute check is (Please check one): A check I wrote A returned deposited item

I believe that I have a substitute check claim because: (Check all that apply)

- a. This check does not meet all of 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 (to be calculated by DCU)

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 provide the following information (if known), which is needed to identify the substitute check:

Account #: _____ Check #: _____

Date check was written: _____ OR date check was returned: _____

Dollar Amount of check: \$ _____ Payee: _____

INTERNAL USE ONLY			
Request Taken By: _____		Date: _____	
Member's Account Credited?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date: _____
Submitted to EasCorp for Adj?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date Submitted to EasCorp: _____