NAVY FEDERAL Credit Union

CHECK 21 - EXPEDITED RECREDIT CLAIM

Please complete the following information if:

- **You received an actual substitute check* from Navy Federal; and**
- **You believe you have suffered a loss because you received a substitute check instead of the original check.**

Omission of any information on this form may delay your request. **You must submit this form to Navy Federal within 40 calendar days of the date you received the substitute check or the date we mailed your account statement to you that reflects the check, whichever is later.**

MEMBER NAME (FIRST MI LAST)			ACCESS NO.
CHECK NO.	DATE OF CHECK	AMOUNT OF CHECK $	ACCOUNT NO.
CHECK PAYABLE TO		DATE CHECK DEBITED FROM YOUR ACCOUNT	REGISTER NO.**

DESCRIPTION OF WHY YOU BELIEVE YOU HAVE SUFFERED A LOSS (CHECK ONE.) (PLEASE PROVIDE DETAILS BELOW.)

☐ Both the substitute check and the original check were debited from my account.

☐ The substitute check was debited from my account for the wrong amount.

☐ Other: _____

ESTIMATE OF FUNDS LOST $	DETAILS

MEMBER SIGNATURE	DATE (MO., DAY, YR.) — —
ADDRESS (STREET CITY STATE ZIP CODE)	TELEPHONE NO. ( )

Please return this form and any supporting documentation to Navy Federal Credit Union via fax to 703-206-4149 or via US mail to PO Box 3600, Merrifield VA 22119-3600. If you have any questions, please call Navy Federal, locally at 703-255-8395 or toll-free at 1-800-914-9494.

*Note: Do not complete this form if you have received a ***copy*** of a substitute check.

**Note: The six digit number stamped on the front of the check.

NFCU 504 (10-04)

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