Claim of Damage Due to Underencoding Adjustment

(Use of this form is optional)

We received a charge for an underencoding error for the forward collection check described below:

Amount Charged			
Actual Amount			
Encoded Amount			
Check Dated			
Drawn By (Drawer)			
Payable To (Payee)			
Check No.			
Date of encoding adjustment			
We charged our custor	ner for the er	encoded amount of this check. We are now unable to recov	/er:
\$			
of the difference between the encoded amount and the true amount of the check by charging the account of the customer. Please provide credit in this amount, based on our claim of breach of warranty with respect to the encoding error.			
Bank Name			
9 Digit Routing Number			
Name of Bank Contact			
Phone Number of Bank Contact			
Authorized Signature			
Date			

Note: This is a sample optional form to be used to make a claim for Damages Due to Underencoding pursuant to the ECCHO adjustment process.