

Customer Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

Preferred contact time: Morning Afternoon Evening

Debit (Funding Account) Type: Checking Savings Debit account number: _____

Error or Problem with the International Wire Transfer

You must contact us within 180 days of the date we promised to you that the funds would be made available to the recipient.

Please identify the error or problem with the International Wire Transfer below and select the remedy available for the error.

Error Identified:	Remedy Available - Please Select One
<input type="checkbox"/> Incorrect amount paid by wire transfer sender.	<input type="checkbox"/> Provide recipient funds for the difference in amount at no cost.
<input type="checkbox"/> Failure to make funds available to the recipient by the date disclosed.	<input type="checkbox"/> Refunding your same account for amount appropriate to resolve error.
	<input type="checkbox"/> Provide recipient funds for the difference in amount at no cost <i>(including fee(s) paid)</i> .
	<input type="checkbox"/> Refunding your same account for amount appropriate to resolve error <i>(including fee(s) paid)</i> .

If the error or problem with the transfer is NOT listed above, please describe why you believe it is an error or problem: _____

Please describe the remedy to correct the error: _____

Desert Community Bank upon receipt of this CONSUMER INTERNATIONAL WIRE DISPUTE FORM will complete its investigation in 90 days or less and you will be notified of the results of our investigation. Should you choose to resend the wire transfer, that remedy may be unavailable if the error occurred because you (the sender) provided incorrect or insufficient information.

International Wire Transfer Information Value Date: _____ Currency: _____

Amount: \$ _____ Confirmation #: _____

Recipient Information

Name: _____

Address: _____ Country: _____

Account Holder Authorization

I am an authorized signer, or otherwise have authority to act, on the debit (funding) account identified in this statement. I have read this statement in its entirety and attest that the information provided on this statement is true and correct and that the signature below is my own proper signature and acknowledge receipt of a copy, which should be retained for my records.

Account Holder Signature: _____ Date: _____

Desert Community Bank Notes: _____

Once completed and signed, please mail or fax to:

Mail: Desert Community Bank Wire Disputes | Mail Stop E-206-3 | 5151 Corporate Dr. | Troy, MI 48098 **Fax:** (888) 825-5399