

Amscot Corporation
 (813) 637-6250
 Monday - Friday: 8a.m. - 6p.m.

Money Order Claim Form

This request is to be completed by the Purchaser only.

Please send claim form to:
 Amscot Money Order Company
 PO Box 25137
 Tampa, FL 33622-5137

Instructions:

- 1) Complete Money Order Claim Form – one form for each request (keep top half for your records).
- 2) Mail the following to Amscot Money Order Company:
 - a) Bottom half of completed Money Order Claim Form
 - b) The original money order stub (keep a copy for your records)
 - c) \$12 for processing fees (Money Order or Cashier's Check only, made payable to Amscot. Please do not send personal checks or cash.)

Notes:

- This request is to be completed by the Purchaser only.
- \$12 processing fee must be included for each request.
- Processing fees are non-refundable and may be subject to change.
- Requests will only be processed if the original money order stub is included. Include any portion of the money order, if available.
- A stop payment will be done and a refund will be issued (net of service fees as disclosed on the back of the money order stub) if the money order has not been cashed and the Money Order Claim Form is completed in its entirety and signed by purchaser.
- For customer confidentiality and security, a photocopy of the money order will be provided to the purchaser of the money order only.
- Failure to fully and legibly complete and sign the MONEY ORDER CLAIM FORM will delay or prevent processing.
- Standard Processing Time: It may take up to 6 weeks for the process to be completed.

Money Order Number: _____ Date Completed: _____
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Money Order Was (check one) <input type="checkbox"/> Lost <input type="checkbox"/> Destroyed <input type="checkbox"/> Stolen	Money Order Was (check one) <input type="checkbox"/> Blank <input type="checkbox"/> Made payable to: _____ (Clearly print payee's name)	For Landlord or Rent Only Name and address of where refund should be mailed. Complete only if different from purchaser's name and/or address. (Please print clearly)	Office Use Only <input type="checkbox"/> Fee Received
Purchaser's name, address and phone (please print clearly)		Name/Company: _____ Ref. Number: _____	<u>Expedited Shipping</u> <u>Ships after Standard Processing Time.</u> \$20 additional fee must be included. Not available for P.O. Box addresses. <input type="checkbox"/> Yes Initials:
First Name: _____ Last Name: _____ Address: _____ Apt. : _____ City: _____ State: _____ Zip Code: _____	Address/PO Box: _____ Apt: _____ City: _____		
Home Phone Number: _____ Daytime Phone Number: _____ To receive updates on the status of your claim please provide your email address Email: _____		State: _____ Zip Code: _____	Attach Original Money Order Stub Here Copy Not Acceptable Request will not be processed without Stub
<p style="text-align: center;">AFFIDAVIT to Enforce Lost, Destroyed or Stolen Money Order</p> <p>I hereby swear or affirm that I am the purchaser of the Money Order listed above issued by Amscot. I was entitled to enforce the money order when loss of possession occurred, or I lawfully acquired ownership of the money order from a person who was entitled to enforce the money order when loss of possession occurred. My loss of possession was not the result of a transfer by me or of a lawful seizure. I cannot obtain possession of the money order because the money order was destroyed, its whereabouts cannot be determined, or it is in the wrongful possession of an unknown person or the possession of a person that cannot be found or is not amendable to service of process. I agree to reimburse Amscot Money Order Company, Amscot Corporation, and it's clearing of banks for all loss, damage, cost or expense of any kind, allowed by law, if the above described money order is presented for payment again bearing the true endorsement of the payee.</p> <p style="text-align: right;">CLAIM CANNOT BE PROCESSED UNLESS SIGNED BY THE PURCHASER. If money order has not been cashed, a stop payment will be processed.</p>			
Sign Here X: _____ Date: _____			