

Amscot Money Order Company
 (813) 637-6100
 Monday - Friday • 8 a.m. - 6 p.m.

Money Order Claim Form
 This request is to be completed by the Purchaser only.

Please send claim 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 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 are 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.
- Most requests are processed within 30-45 days; however, please allow up to 60 days for total processing.

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 purchasers name and/or address. (Please print clearly)	Office Use Only <input type="checkbox"/> Fee Received
Purchasers name, address & phone (please print clearly) First Name: _____ Last Name: _____ Address (PO Box not acceptable): _____ _____ Apt.: _____ City: _____ State: _____ Zip: _____ Purchaser's Home Phone: () - _____ Daytime Phone Number: () - _____		Name/Company: _____ Ref. Number: _____ Street or PO Box: _____ Apt.: _____ City: _____ State: _____ Zip: _____	After standard processing time, do you want your request sent overnight for an additional \$20 charge? <input type="checkbox"/> Yes Initials: _____ ATTACH ORIGINAL MONEY ORDER STUB HERE COPY NOT ACCEPTABLE REQUEST WILL NOT BE PROCESSED WITHOUT STUB
<p 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 amenable 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>			
Sign Here: X _____ Date: _____		CLAIM CANNOT BE PROCESSED UNLESS SIGNED BY THE PURCHASER. If money order has not been cashed, a stop payment will be processed.	