



Money Order Claim Card Refund Request/Photocopy

Customer Service
1-800-542-3590

This request is to be completed by purchaser only

Please mail request to:
MoneyGram
Box 610
Minneapolis, MN 55480-0610

Instructions

1. Complete Money Order Claim Card – **your signature must be present at bottom of form** (retain top half for your own records)
2. Mail the following to MoneyGram
 - a. bottom half of completed Money Order Claim Card
 - b. a copy of your money order receipt (retain original stub for your records)
 - c. \$12 for processing fees (check or money order – do not send cash)

NOTE:

- Purchaser must complete one Money Order Claim Card for each request.
- \$12 processing fee must be included for each request - or will be deducted from refund amount. (A photocopy will not be sent without the \$12 fee.)
- Processing fees are non-refundable.
- A refund will be issued if the money order has not been cashed and the Money Order Claim Card is properly completed and signed by the purchaser.
- A photocopy of the money order will be provided if the money order was cashed. If you notice alterations to the money order, immediately contact customer service.
- Most requests are processed within 30 days; however, please allow up to 65 days for total processing.
- Incomplete/illegible Money Order Claim Cards or missing ZIP codes can delay processing.
- Failure to include a copy of the money order receipt may delay processing.
- Do not staple fee to form. Do not send cash.

Money Order Serial Number: _____ **Today's Date:** _____

KEEP TOP PORTION FOR YOUR RECORDS. MAIL BOTTOM PORTION TO MONEYGRAM

Money Order Serial Number/Letters _____	Dollar Amount _____	Purchase Date _____	Name and address of business where purchased <u>Town of Hempstead Employees FCU</u> <u>1830 Grand Avenue</u> <u>Baldwin, NY 11510</u>	Office Use Only <input type="checkbox"/> Fee Received
Money order was (check one) <input type="checkbox"/> Lost <input type="checkbox"/> Destroyed <input type="checkbox"/> Stolen <input type="checkbox"/> Returned with form	Money order was (check one) <input type="checkbox"/> Blank <input type="checkbox"/> Made payable to (clearly print payee's name) _____			After standard processing time, do you want your request sent overnight for an additional \$20 charge? <input type="checkbox"/> Yes
↑ Request may be delayed if not completed ↑				
Purchaser's name, address & phone (please print clearly) Name _____ Street _____ Apt. _____ City _____ State _____ ZIP _____ Purchaser's Home Phone (_____) _____ - _____			Name and address where refund or photocopy should be mailed. Complete only if different from purchaser's name & address (please print clearly) Name/Company _____ Street _____ Apt. _____ City _____ State _____ ZIP _____	Account number required if refund is to be made payable to a business, service, or another person other than the purchaser. (please print clearly) Account Number _____

I understand and agree that 1) only MoneyGram can make the decision whether to pay a money order or not pay it, 2) I am still liable for the original money order and will repay MoneyGram, its clearing banks and trustees and all costs incurred if this money order must be paid for any reason, 3) if I find the original money order, I will return it to MoneyGram and use only the replacement money order provided.

Sign Here: X

REFUND CANNOT BE PROCESSED UNLESS SIGNED BY THE PURCHASER.