Flagstar® Bank

# » CONSUMER INTERNATIONAL WIRE DISPUTE FORM

**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** |
|---|---|
| ❑ Incorrect amount paid by wire transfer sender. | ❑ Provide recipient funds for the difference in amount at no cost.<br>❑ Refunding your same account for amount appropriate to resolve error. |
| ❑ Failure to make funds available to the recipient by the date disclosed. | ❑ Provide recipient funds for the difference in amount at no cost *(including fee(s) paid).*<br>❑ Refunding your same account for amount appropriate to resolve error *(including fee(s) paid).* |

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:

Flagstar 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: xx-xx-xxxx Currency:

Amount: $ Confirmation No. #

**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

**Flagstar Bank Notes:**

**Once completed and signed, please mail or fax to:**

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

**flagstar.com**