

[Date]

[Customer Name]

[Customer Address]

[City, State, Zip Code]

RE: Notice of Claim Denial - Disputed Check Signature

Dear [Customer Name],

We have completed our investigation regarding your claim dated [Date of Claim] concerning check number [Check Number] in the amount of \$[Amount], which was posted to your account ending in [Last 4 Digits of Account Number] on [Date Check Cleared].

After a thorough review of the signature on the check and a comparison with your signature card on file, we have determined that your claim is denied. Our investigation concluded that the signature on the item appears to be authorized or matches the signature samples provided at the time of account opening.

As a result, we will not be issuing a credit to your account. If we previously provided a provisional credit during the investigation, that credit will be reversed on [Date of Reversal]. Please ensure that your account has sufficient funds to cover this adjustment.

If you have additional evidence that was not included in the original claim, such as a police report or a forensic handwriting analysis, you may submit it for further consideration.

Should you have any questions regarding this decision, you may contact our Claims Department at [Phone Number] between the hours of [Hours of Operation].

Sincerely,

[Name of Representative]

[Title]

[Financial Institution Name]