

[Your Name]
[Your Address]
[Your City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Date]

[Bank Name]
[Claims Department Address]
[City, State, Zip Code]

RE: Appeal of Denied Claim - Altered Check

Claim Number: [Claim Number]
Account Number: [Your Account Number]

To the Claims Review Committee,

I am writing to formally appeal the denial of my claim regarding an altered check, which was communicated to me in your letter dated [Date of Denial Letter].

My original claim involves Check Number [Check Number], which was originally written for \$[Original Amount] but was fraudulently altered to \$[Altered Amount] and cleared my account on [Date Check Cleared].

I disagree with your decision to deny this claim because [State reason for appeal, e.g., I have provided the original carbon copy of the check / The alteration is clearly visible / I reported the discrepancy immediately upon discovery].

Attached to this letter, please find the following supporting documentation:

- A copy of the original check (if available) or carbon copy
- A copy of the police report filed on [Date]
- [List any other evidence, such as correspondence with the intended payee]

I request a formal re-investigation of this matter. Under the Uniform Commercial Code (UCC), a bank is generally liable for paying an item that is not "properly payable" due to a material alteration. I expect the difference of \$[Amount Owed] to be credited back to my account.

Please provide a written response regarding the status of this appeal within [Number of Days, e.g., 10] business days. Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]