

## INTERBANK CONSUMER COMPLAINT FORM

### Instructions:

1. Please type or print in black ink.
2. Explain the problem in detail; include all important information, such as dates places, contracts, letters, or other documents that may support your complaint. Attach an additional sheet to explain the problem, if necessary. Keep all original supporting documents for your files.
3. Please complete the complaint form and return it to an InterBank Branch Office. Our ability to assist you will depend upon your giving us a complete and detailed statement.

Consumer Information:			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Name:		
Address Line 1:			
Address Line 2:			
City:			State:
			Zip Code:
Home Phone:	Cell Phone:	Work Phone:	Email Address:
Preferred method of contact: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Email		Preferred time of contact: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	
Description:			
Place of Transaction:			
Date of Transaction:		Amount of Transaction:	
Product or service involved: <input type="checkbox"/> Credit <input type="checkbox"/> Deposit Account <input type="checkbox"/> Service Issues <input type="checkbox"/> Privacy <input type="checkbox"/> Regulatory Complaint <input type="checkbox"/> Fraud & Identity Theft <input type="checkbox"/> Other:			
Please explain the entire circumstances surrounding your complaint below.			

I verify, under penalty of law, that everything contained in the foregoing complaint is true and correct to the best of my knowledge and belief.	
_____ Signature of Complainant	_____ Date
Please include the original complaint form and <u>copies</u> of all the supporting documents. Please keep all original support documentation for your records. Attach additional pages, if needed.	