



**Request for
ATM Surcharge Refund**
Available for HCB Interest Checking
and HCB Interest Checking Plus accounts

Today's Date _____ Statement Date _____
One refund request allowed per statement cycle.

Customer's Name _____

Last 4 Digits of Account Number _____

Refund Amount Requested (maximum \$15.00) _____

Give this form to any Highpoint Community Bank Customer Service Representative, email to CallCenter@hcb.us or Fax to 269- 945-3860

Bank Use Only

Fees Charged Verified on Statement and Fee Refund Service Performed by:

HCB Employee Signature

Date