



Hastings City Bank

**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 Hastings City 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