

REMEDY™ CHECK PROTECTION PROGRAM REIMBURSEMENT REQUEST FORM

Please complete the following form completely and return with all requested attachments to the address set forth below. If there are multiple account holders, each account holder must be listed and must sign the forms below.

Name(s): _____

Address: _____

Daytime Phone: _____

Home Phone: _____

E-Mail Address: _____

Describe nature of fraud: _____

Date Loss Incurred: _____

Date Loss Discovered: _____

Involved Check Number(s): _____

Has the bank been contacted? Yes No

Has a police report been prepared? Yes No

Please attach a copy and/or provide the police report number: _____

Location of loss: _____

Did the loss involve a family member? Yes No

Did the loss involve a resident of your household? Yes No

Describe damages claimed: _____

UNDER THE PENALTIES OF PERJURY THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY AND/OR OUR KNOWLEDGE AND BELIEF.

Signature

Name Printed

Signature

Name Printed

Please complete the attached Limited Durable Power of Attorney form and attach any and all documents related to the loss, including the original check upon which the claim is based, police reports or any other documentation related to the loss.

LIMITED DURABLE POWER OF ATTORNEY FORM

NOTICE: READ OVER THE FOLLOWING DOCUMENT CAREFULLY. LEGAL POWERS ARE GRANTED BY THIS DOCUMENT. IF THERE IS ANYTHING YOU DO NOT UNDERSTAND OR IF YOU HAVE QUESTIONS ABOUT THIS DOCUMENT, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS LIMITED DURABLE POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, _____ [name], of _____ [street address] _____ [city] _____ [county] _____ [state], being of sound mind, do hereby voluntarily appoint CUSTOM DIRECT, INC., a corporation duly incorporated in the State of Delaware, with the business address of 1802 Fashion Court, Joppa, Harford County, Maryland, doing business as Remedy™ Check Protection, as my true and lawful attorney-in-fact, for me and in my name, place and stead, and for my use and benefit to, in its sole discretion, transact, handle and dispose of the following limited matters: to demand, sue for, recover, collect, and receive all sums of money, debts, accounts and demands that are now or shall hereafter become due, owing, payable, or belonging to me and have, use, and take all lawful means for the recovery thereof, and to compromise and give discharges for the same limited to the fraud related to my bank account with _____ (hereinafter referred to as "my Bank") and more specifically, check number(s) _____ written on bank account number _____ (hereinafter referred to as "the Fraud").

I understand that my attorney-in-fact and my Bank may rely on this Limited Durable Power of Attorney. I understand that revocation of this Limited Durable Power of Attorney will not be effective until my attorney-in-fact and my Bank learn of my revocation. I agree to indemnify my Bank for any claims that arise out of its reliance on this Limited Durable Power of Attorney.

I hereby give and grant unto said attorney-in-fact limited power and authority to do and perform every act and thing necessary, to be done in and about relative to the Fraud as fully as I might or could do if personally present. All power and authority granted herein shall not be affected by my later disability, incapacity, adjudged incompetency or passage of time, except as otherwise provided by statute. This Limited Durable Power of Attorney shall be nondelegable and shall be exercisable and valid for as long as and until the earlier of when the Fraud is resolved or when this Limited Durable Power of Attorney is revoked. This Limited Durable Power of Attorney shall be effective immediately and shall continue until the earlier of when the Fraud is resolved or when this Limited Durable Power of Attorney is specifically revoked. I declare any act or thing lawfully done by my attorney-in-fact by virtue of this Limited Durable Power of Attorney shall be binding on myself, my heirs, my legal and personal representatives and my assigns.

NOTICE TO THIRD PARTIES

A third party who relies on the reasonable representations of my attorney-in-fact as to a matter relating to a power granted by this executed Limited Durable Power of Attorney will not incur any liability to me or to my heirs, assigns or estate as a result of permitting the attorney-in-fact to exercise the authority granted by this Limited Durable Power of Attorney. A third party who fails to honor this executed Limited Durable Power of Attorney may be liable to me, my attorney-in-fact, my heirs, assigns or estate for a civil penalty, plus damages, costs and fees associated with the failure to comply with this Limited Durable Power of Attorney.

SUBROGATION AND ASSIGNMENT

In further consideration of this Limited Durable Power of Attorney, I hereby agree to assign any and all claims that I have of any kind against any and all parties who may be responsible for the Fraud. I further agree to cooperate in any manner deemed necessary in any efforts to recover any amounts paid to me by Custom Direct, Inc. from third parties who may be responsible for damages or losses related to the Fraud. I specifically agree to provide any requested documentation to Custom Direct, Inc. and to cooperate in regard to any court proceeding or other action seeking to recover amounts paid and further to take no action to any way diminish, release or waive any claims against any party.

(LIMITED DURABLE POWER OF ATTORNEY - Page 2)

WARNING! THIS IS AN IMPORTANT LEGAL DOCUMENT. DO NOT SIGN THIS DOCUMENT UNLESS YOU FULLY UNDERSTAND THE CONSEQUENCES OF HAVING A LIMITED DURABLE POWER OF ATTORNEY.

I/we, as the principal(s), sign my/our name(s) to this Limited Durable Power of Attorney this ____ day of _____, 20__ and, being first duly sworn, do declare to the undersigned authority that I/we sign and execute this instrument as my/our Limited Durable Power of Attorney and that I/we sign it willingly, that I/we execute it as my/our free and voluntary act for the limited purpose expressed in this Limited Durable Power of Attorney and that I/we am/are eighteen years of age or older, of sound mind and under no constraint or undue influence.

Signature of Principal

Social Security Number of Principal

Signature of Joint Principal

Social Security Number of Joint Principal

WE SIGN BELOW AS WITNESSES. WE ARE NOT RELATED TO THE PRINCIPAL(S) BY BLOOD, MARRIAGE OR ADOPTION. THIS DECLARATION WAS SIGNED IN OUR PRESENCE. THE GRANTOR(S) APPEAR(S) TO BE OF SOUND MIND AND TO BE MAKING THIS DESIGNATION VOLUNTARILY, WITHOUT DURESS, FRAUD OR UNDUE INFLUENCE. NEITHER OF US IS AN ATTORNEY-IN-FACT NAMED IN THE DOCUMENT.

Name of First Witness (PRINT)

Signature of First Witness (SIGN)

Name of Second Witness (PRINT)

Signature of Second Witness (SIGN)

ACKNOWLEDGMENT

State of _____

City/County of _____

Before me, a notary public in and for said City/County and State, personally appeared the above-named who acknowledged that he/she/they did sign the foregoing instrument and that the same is his/her/their free and voluntary act and deed.

In testimony whereof, I have hereunto set my hand and official seal this ____ day of _____, 20__.

Notary Public

Commission No: _____

My Commission Expires: _____

Please send the Claim Form and Limited Durable Power of Attorney with all documents related to the claim to:

Remedy™ Check Protection Program
Attn: Risk Management Department
1802 Fashion Court
Joppa, Maryland 21085