

## MONEY ORDER CLAIM REPORT

**Mail To:** NATIONAL EXPRESS MONEY ORDERS  
 10025 S.W. ALLEN BLVD.  
 BEAVERTON, OREGON 97005

Money Order Serial No. \_\_\_\_\_  
 (Keep money order receipt for your records)

Date of Claim \_\_\_\_\_  
 (Today's Date)

**INSTRUCTIONS**

**PLEASE**

**READ**

1. Purchaser ONLY must complete form in FULL. Print or type clearly.
2. Fill out one claim card for each money order.
3. A \$6.00 non-refundable fee is required for each number to be traced. This non-refundable fee may be changed without notice. This includes tracing, photocopies and refunds. **DO NOT SEND CASH.**
4. A photocopy will be provided if the money order has been cashed. A refund will be issued if the money order has not been cashed, provided the claim card is properly filled out and signed by the purchaser.
5. Allow up to 30 days for processing.
6. This is NOT an automatic stop payment. A stop payment is not placed on the original money order until a refund is made.

<b>BEFORE MAILING BE SURE TO:</b>	
Enclose \$6.00	Sign Claim Card

**Record exact serial number of lost money order on your \$6.00 check or money order.**

### KEEP TOP PORTION- RETURN LOWER PORTION TO NATIONAL EXPRESS

MONEY ORDER CLAIM REPORT			THIS SPACE FOR OFFICE USE ONLY
Money Order was Payable to: _____ Street _____ City & State _____ Zip Code _____	Purchased at: _____ Agency No. (if known) _____ Name _____ Address _____		
<b>MONEY ORDER SERIAL NO.</b>	<b>AMOUNT</b>		
In consideration of a refund by NATIONAL EXPRESS MONEY ORDERS (NEMO) I authorize NEMO at its discretion, to stop payment on this money order. I will indemnify NEMO its paying bank, its trustees and agents and will hold them harmless against any payments, loss, or liability (including attorney fees) by reason of this authorization. I will repay NEMO any refund if this money order is paid through inadvertence or upon demand by a holder in due course. If the original money order returns to my possession, I will return it to NEMO and use only the new money order provided.			
<b>REFUND CANNOT BE PROCESSED UNLESS SIGNED BY THE PURCHASER. SIGNATURE</b> _____			
<b>(PRINT OR TYPE CLEARLY)</b> Your name as Purchaser _____		Area Code _____ Home phone _____ Purchaser Employed by: _____ Phone _____	
Current Address _____ Apt. No. _____		Address _____	
City & State _____ Zip Code _____		City & State _____ Zip Code _____	
If Replacement Issued, Make Payable To: _____			

**NATIONAL EXPRESS MONEY ORDERS, 10025 S.W. ALLEN BLVD., BEAVERTON, OR 97005**