

KASASA ATM FEE REIMBURSEMENT ADJUSTMENT FORM

Account Holder: Test Dummy

Financial Institution: Murphy-Wall State Bank And Trust Company
Pinckneyville, Murphysboro and Elkhartville
105 E Water St, PO Box 128
Pinckneyville, IL 62274-0128

April 11, 2018

____ I/We, Test Dummy request a Reimbursement Adjustment on Kasasa Account, _____.

____ My Original Receipt is attached.

____ I understand that my request must be within 30 days of the statement cycle when the reimbursement was applicable. If the request is outside of the 30 day window or the appropriate receipt is not provided, a reimbursement will not occur.

____ I understand that the collective total of all ATM fees that will be reimbursed for a qualification cycle will not exceed the \$25.00 limit established for each qualification cycle regardless of the amount of adjustment(s) requested and that the full amount of this request may not be applied.

____ I understand that qualified reimbursement adjustments will occur within 2 weeks of receipt of proper documentation and will be made to my/our Kasasa Cash, Kasasa Cash Back, Kasasa Tunes, or optionally to my/our Kasasa Saver account depending on the product(s) and the terms and conditions for the account(s) that I have with Murphy-Wall State Bank and Trust Company.

Account Holder(s) Signature

Account Holder(s) Signature

Murphy-Wall State Bank And Trust Company
Taken by (CSR): _____

Adjustment Dept Only

Reviewed by: _____

Amount Reimbursed: \$ _____

Account Reimbursed:

____ Kasasa checking account: (Account Number indicated above)

____ Kasasa Saver: (Account Number _____)