



P.O. BOX 659809
Internal Mail TX3-7849
SAN ANTONIO, TX 78265-9109

Chase Customer Claims

Phone:	1-866-564-2262
Fax:	1-866-701-9886
Para español:	1-866-564-2262

July 11, 2014

MR KHANNA
23962 EAGLE MOUNTAIN ST
CANOGA PARK, CA 91304

Dear Mr Khanna,

Thank you for notifying us of your recent dispute. We will make every effort to resolve this issue promptly.

In order to expedite your claim, you must complete, sign and return the attached form with the list of disputed transactions as soon as possible. Please answer all questions and provide specific details.

Please fax or mail the completed form to the fax number or address above. We must receive your response in order to provide temporary credit.

If you have any questions regarding this claim, please contact a Customer Claim Specialist at 1-866-564-2262.

Thank you for choosing Chase.

Sincerely,

Customer Claim Department
JPMorgan Chase Bank, N.A.

794137462590001;1 LCM15_001



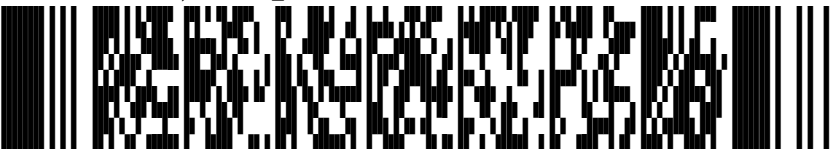


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Tran Date	Amount	Description	Merchant Desc
07/07/2014	\$702.86	CHECK # 1333 MERCEDES	CHECKPAYMT ARC ID: 3006

1 Transactions

794137462590001;1 LCM15_001





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Please complete this form with the attached list of disputed transactions and fax it to the number above as soon as possible. If you do not have access to a fax machine, the form may be mailed to the address above.

794137462590001

MR KHANNA

Account Number: *****2396


Daytime phone number

3106631333

I or an authorized signer on the account, the undersigned customer, do hereby certify that I have examined my periodic statement or other notification from an affiliated bank of JP MORGAN CHASE BANK ("bank"), and state that the debit(s) attached were unauthorized and were not originated with fraudulent intent by me or any party acting in concert with me.

I further certify that I nor an authorized signer on the account did not authorize the party who made such debit to originate one or more electronic entries to debit funds from my "bank" account.

By Signing below, I certify that this written statement is true and correct.



Account Holder's Signature

July 11, 2014

Date signed

Rahul Khanna

Business Name (if applicable)

Owner

Title (if applicable)

Please attach additional information that may assist in the resolution of your claim

If you have any questions, please contact a Customer Claim Specialist at the number above and refer to the claim number above.

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