FARGO BANK N.A.
P.O. BOX 2908

FARGO

NDIAN HEALTH CARE CTR, INC
OPERATING ACCOUNT
PO BOX

ITEMS ENCLOSED: 1

PAGE 1 OF 1 ACCOUNT CHARGED DATE: 10-15-2025

	REASON FOR NON-PAYMENT	SEQUENCE #	AMOUNT
DEPOSITORY ACCOUNT NUMBER:			
YOUR ACCOUNT HAS BEEN CHARGED FOR THE FOLLOWING PAPER ITEM(S) RETURNED UNPAID.			
	Stop Payment		378.38
TOTAL CHARGES FOR PAPER RETURNS			378.38

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SHOULD YOU HAVE ANY QUESTIONS OR REQUIRE ADDITIONAL INFORMATION, PLEASE CALL THE PHONE NUMBER THAT IS LISTED ON YOUR BANK STATEMENT.

IMPORTANT INFORMATION ABOUT YOUR CONSUMER CHECKING ACCOUNT

Substitute Checks and Your Rights

What is a substitute check?
To make check processing faster, federal law permits banks to replace original checks with "substitute checks." These checks are similiar in size to the original checks with a slightly reduced image of the front and back of the original check. The front of a substitute check states: "This is a legal copy of your check. You can use it the same way you would use the original check." You may use a substitute check as proof of payment just like the original check.

Some or all of the checks that you receive back from us may be substitute checks. This notice describes rights you have when you receive substitute checks from us. The rights in this do not apply to original checks or to electronic debits to your account. However, you have rights under other law with respect to those transactions.

What are my rights regarding substitute checks?
In certain cases, federal law provides a special procedure that allows you to request a refund for losses you suffer if a substitute check is posted to your account (for example, if you think that we withdrew the wrong amount from your account or that we withdrew money from your account more than once for the same check). The losses you may attempt to recover under this procedure may include the amount that was withdrawn from your account and fees that were charged as a result of the withdrawal (for example, bounced check fees).

The amount of your refund under this procedure is limited to the amount of your loss or the amount of the substitute check, whichever is less. You are also entitled to interest on the amount of your refund if your account is an interest - bearing account. If your loss exceeds the amount of the substitute check, you may be able to recover additional amounts under other laws. If you use this procedure, you may receive up to $2,500 of your refund (plus interest if you account earns interest) within 10 business days after we received your claim and the remainder of your refund (plus interest if your account earns interest) no later than 45 calendar days after we received your claim. We may reverse the refund (including any interest on the refund) if we later are able to demonstrate that the substitute check was correctly posted to your account.

How do I make a claim for a refund?
If you believe that you have suffered a loss relating to a substitute check that you received and that was posted to your account, please contact us a[redacted]You must contact us within 40 calendar days of the date that we mailed (or otherwise delivered by a means to which you agreed) the substitute check in question or the account statement showing the substitute check was posted to your account, whichever is later. We will extend this time period if you were not able to make a timely claim because of extraordinary circumstances.

Your claim must include -
- A description of why you have suffered a loss (for example, think the amount withdrawn was incorrect);
- An estimate of the amount of your loss;
- An explanation of why the substitute check you received is insufficient to confirm that you suffered a loss; and
- A copy of the substitute check or the following information to help us identify the substitute check: the check number, the name of the person to whom you wrote the check, the amount of the check.

10/15/2025

This is a LEGAL COPY of your check. You can use it the same way you would use the original check.

RETURN REASON - C
STOP PAYMENT

0000002867784598 0/15/2025

STOP PAYMENT

Do Not Re-deposit

THIS CHECK INVALID WITHOUT COLORED BACKGROUND

CVS caremark

DATE

Fargo Bank, N.A.

CHECK NO: 1012090340

Report ID:

CVS Caremark
ATTN: Pharmacy Correspondence
Post Office Box 52115
Phoenix, Arizona 85072-2115

PAY: EXACTLY Three Hundred Seventy Eight and 38/100 Dollars

AMOUNT

378.38

VOID AFTER 180 DAYS

Pay to The Order Of NDIAN HEALTH CARE CTR

C0412038

4C

00000037838

10/15/2025
RR - C

↓ Do not endorse or write below this line.↓

ENDORSE HERE

Pay to the Order Of
ARGO BANK, N.A.
For Deposit Only
WINSLOW TOWNSHIP
DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE

10/14/2025
000000286984598

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