

<b>FMS</b> FORM 2-97 <b>135</b> EDITION OF 2-90 IS OBSOLETE DEPARTMENT OF THE TREASURY FINANCIAL MANAGEMENT SERVICE	<b>REQUEST FOR DEBIT                  ELECTRONIC FUNDS TRANSFER                  FEDERAL RECURRING PAYMENTS</b>
TO: FEDERAL RESERVE BANK	ROUTING NO. OF FINANCIAL INSTITUTION
	AMOUNT TO BE DEBITED \$
	CLAIM NUMBER
FROM: DEPARTMENT OF THE TREASURY	NAME OF REPRESENTATIVE PAYEE AND/OR BENEFICIARY
	DEPOSITOR ACCOUNT NUMBER
AUTHORIZED BY:	TYPE OF ACCOUNT
	DATE:
<p>Please debit the appropriate account for the above identified financial institution for the above amount which represents liability to the Government for recurring payments issued after the date of non-entitlement due to the death or legal incapacity for the individual shown.</p> <p>Please complete the attached SF-215, Certificate of Deposit, debit the appropriate account for the above financial institution, make the appropriate entry on the Treasury's daily transcript, and complete the information below on all copies of the Request for Debit.</p> <p>The original and D copy of the Request for Debit and the attachments should be forwarded to the above financial institution. The A &amp; B copies of the Request for Debit should be returned to the Treasury Financial Center above. The C copy is for your records.</p>	
ENCLOSURE <b>TO BE COMPLETED BY FRB</b>	
CERTIFICATE OF DEPOSIT NO.	DATE OF DEPOSIT
(Empty space for additional information or signature)	

**FINANCIAL INSTITUTION COPY**