

Government Prepaid Card Program Survey
Depository Institution Survey
FR XXXX

Response form

Affiliates covered in this survey response

Primary contact for this survey response

Name:

Email:

Phone:

This report is required by law [Pub. L. 111-203, § 1075, 124 Stat. 1376 (2010)].

The Federal Reserve System regards the individual organization information provided by each respondent. If it should be determined subsequently that any information collected on this form must be released, the Reserve may not conduct or sponsor, and an organization (or a person) is not required to respond to, a collection of information that does not display a currently valid OMB control number.

Public reporting burden for this collection of information is estimated to average xxx hours per response, including the time for reviewing instructions and to review instructions and complete the information collection. Send comments regarding this collection of information, including suggestions for reducing this burden to: Secretary, Board of Governors, 20th and C Streets, N.W., Washington, D.C. 20551, or via email to regs.comments@frb.gov; and to the Office of Paperwork Reduction Project (7100-0079), Washington, D.C. 20503.

Please refer to the instructions that accompanied this survey. Do not leave any cells in the survey blank. If a response to a particular cell cannot be determined, enter DK for "don't know." If you need assistance, please call Jennifer Williams at 202-452-2446 or email Interchange.Survey@frb.gov. Please provide your organization, and contact information along with your inquiry when you call or email.

FR XXXX
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Approval Expires XXX. 2011

as confidential (5 U.S.C. § 552(b)(4)). If respondents will be notified. The Federal action of information unless it displays a

including the time to gather the data in the ng this burden estimate or any other aspect vernors of the Federal Reserve System, fice of Management and Budget,

f a response to a particular cell does not have other questions or difficulties, Board for assistance. Provide your name,

