

This is a sample of form FMS 150.1.

For Burden Estimate Statement See Reverse Side "Financial Organization Copy" OMB No. 1510-0045

DEPARTMENT OF THE TREASURY
FINANCIAL MANAGEMENT SERVICE
REGIONAL FINANCIAL CENTER

DIRECT DEPOSIT COORDINATOR **DATE OF REQUEST**

SECOND REQUEST

DATE OF ORIGINAL REQUEST

SUBJECT: TRACE REQUEST FOR ELECTRONIC FUNDS TRANSFER PAYMENT

Dear Sir:

One of your customers has filed a claim for nonreceipt because their direct deposit payment has not been credited to their account. Your customer authorized the payment indicated below to be sent to your financial organization through Treasury's Direct Deposit Program.

TRACE NO.	PAYMENT DATE
_____	_____
RECEIVING FINANCIAL ORGANIZATION ROUTING NO.	TYPE OF PAYMENT
_____	_____
INDIVIDUAL (Customer's Name)	AMOUNT
_____	_____
DEPOSITOR'S ACCOUNT NO. TYPE OF ACCOUNT	DISCRETIONARY DATE
_____	_____
PREFIX INDIVIDUAL ID (Customer's Claim No.) SUFFIX	_____
_____	_____

Treasury's records show that the payment was authorized and sent to your financial organization through the Federal Reserve Banking System.

Please research your records, mark the block in the FINANCIAL ORGANIZATION ACTION SECTION below that describes the action taken by your financial organization, sign the FINANCIAL CENTER COPY and return within 3 days to:

Department of the Treasury
Financial Management Service
Regional Financial Center
P.O. Box _____

DIRECTOR, REGIONAL FINANCIAL CENTER

FINANCIAL ORGANIZATION ACTION

The payment described above was credited to the customer's account on (Date) _____. The CUSTOMER'S COPY of this form was completed and forwarded to the customer on (Date) _____.

We received the above described payment. The payment was returned to the Federal Reserve on a Preauthorized Return Item Credit Form on (Date) _____. We are attaching a copy of the return item form.

We have the above described payment but cannot post it. We are returning it to the Federal Reserve on a Preauthorized Return Item Credit Form on this date. We are attaching a copy of the return item form.

ADDITIONAL REMARKS _____

PAPERWORK REDUCTION ACT AND PRIVACY ACT STATEMENT

This information is provided in compliance with the Privacy Act of 1974 (P.L. 93-5791). All requested information is mandatory by authority of USC, 301, 31 USC 3601, and 31 CFR Part 210. This information will be used to determine if payments are being credited properly by financial organizations. Failure to provide the requested information may delay or prevent the settlement of claims for non-receipt of payment to organizations through the Direct Deposit Program.

SIGNATURE _____

TITLE _____

DATE _____

FMS FORM 150.1 EDITION OF 2/88 IS OBSOLETE

FINANCIAL CENTER COPY