

This is a sample of form FMS 150.2.

DATE		TRACE REQUEST		DIRECT DEPOSIT	
TRACE NUMBER	ROUTING NUMBER	CUSTOMER'S NAME		AMOUNT	
		CUSTOMER'S CLAIM NUMBER		PAYMENT DATE	
		DEPOSITOR ACCOUNT NUMBER		TYPE OF ACCOUNT	
		TYPE OF PAYMENT	DISCRETIONARY DATA		
FMS FORM 150.2					
For Paperwork Reduction Act Statement and Burden Estimate Statement See Reverse Side "Financial Organization Copy"					