

**DIRECT DEPOSIT**

**ELECTRONIC FUNDS TRANSFER  
FEDERAL RECURRING PAYMENTS**

**NOTICE OF RECLAMATION**

FROM:

DATE:

RECIPIENT AND/OR BENEFICIARY NAME

CLAIM NUMBER

DATE OF DEATH

DATE OF  
PAYMENT

AGENCY  
AND/OR  
TYPE OF  
PAYMENT

TRACE  
NUMBER

TYPE OF  
ACCOUNT

DEPOSITOR  
ACCOUNT NUMBER

AMOUNT

AMOUNT OF PAYMENTS RECEIVED  
WITHIN 45 DAYS

OUTSTANDING TOTAL

**A** Immediately mail NOTICE TO ACCOUNT OWNERS (last copy of this form) to current address of the account owner. Inform the account owner(s) of any actions your financial institution has taken or intends to take. Sign Certification No. 1 on the back of the DISBURSING OFFICE COPY.

**B** Correct any error in the fact of death, date of death and/or outstanding total on the back of the DISBURSING OFFICE COPY.

**C** Take, as appropriate, one of the four steps below:

**1** If the outstanding total was previously returned to the Government, attach copies of the front and back of the cancelled checks and/or proof that the payment was returned by ACH. Proceed with step D below.

**2** If the amount in the account is equal to or exceeds the outstanding total, prepare one ACH return for each full payment described above. The ACH return method should always be used when returning one or more full payments. Proceed with step D below.

**3** If the amount in the account is less than the outstanding total, and there is...

- a.(1) only one payment listed above, then return the partial payment by check. (See 3b).
- a.(2) more than one payment listed above, then prepare ACH return(s) for amount(s) equal to each full payment. Any remaining amount that does not equal a full payment must be returned by check. (See 3b).
- b. Prepare a check made payable to:

**ONLY FOR AMOUNTS LESS THAN ONE FULL PAYMENT.**

(Note: The amount in the account includes any additions to the account balance made after the receipt of this NOTICE.)

Provide the names and addresses of the withdrawers on the back of the DISBURSING OFFICE COPY. If it is a true statement of fact, you must sign Certification No. 2 on the back of the DISBURSING OFFICE COPY. Proceed with Step D below.

**4** If the amount in the account is zero and no funds are available to return to the Government, provide the names and addresses of the withdrawers on the back of the DISBURSING OFFICE COPY. If it is a true statement of fact, you must sign Certification No. 2 on the back of the DISBURSING OFFICE COPY. Proceed with Step D below.

**D** Unless the outstanding total is returned by ACH within 45 days of the date on this NOTICE, return the PROGRAM AGENCY and DISBURSING OFFICE COPIES of this form to the disbursing office address shown in the upper right hand corner of the form.

YOUR FINANCIAL INSTITUTION IS LIABLE TO THE GOVERNMENT FOR THE ABOVE PAYMENT(S) AND FOR ALL GOVERNMENT BENEFIT PAYMENTS RECEIVED AFTER THE DEATH OR LEGAL INCAPACITY OF THE RECIPIENT OR THE DEATH OF THE BENEFICIARY AS SET FORTH IN 31 CFR PART 210. YOU MUST TAKE THE APPROPRIATE STEPS OUTLINED IN A THROUGH D ABOVE AND IN THE GREEN BOOK INSTRUCTIONS IN ORDER TO LIMIT YOUR LIABILITY. (See GREEN BOOK: RECLAMATIONS CHAPTER for detailed instructions.)

IF YOU DO NOT RESPOND APPROPRIATELY WITHIN 60 DAYS FROM THE DATE OF THIS REQUEST, YOU WILL NOT LIMIT YOUR LIABILITY AND YOUR FEDERAL RESERVE ACCOUNT OR THE ACCOUNT OF YOUR CORRESPONDENT WILL BE DEBITED FOR THE OUTSTANDING TOTAL.

ROUTING NUMBER:  
TO:

TO BE COMPLETED BY PROGRAM AGENCY

\$ \_\_\_\_\_ \$ \_\_\_\_\_  
Amount Recovered Amount to Recover

Signature Date

DEPARTMENT OF THE TREASURY  
FINANCIAL MANAGEMENT SERVICE  
PROGRAM MANAGEMENT DIVISION  
FMB 133 (2-97)

THIS BLOCK FOR DISBURSING OFFICE

A. Notice of Reclamation

I. Total Amount Due \_\_\_\_\_ Total Amount Refunded \_\_\_\_\_ To Be Recovered By Agency \_\_\_\_\_

II. The amount of \$ \_\_\_\_\_ was deposited for credit in the account of the \_\_\_\_\_ on \_\_\_\_\_ DISBURSING OFFICER

Certificate of Deposit No. \_\_\_\_\_ dated \_\_\_\_\_

DR. 4.20 Confirmed Deposits

CR. 4.10 Net D.O. Transaction - Station Code \_\_\_\_\_ DISBURSING OFFICER

Trust Fund or Appropriation Symbol \_\_\_\_\_ DATE

B. Further Action

No further action being taken.

Request for Debit for \$ \_\_\_\_\_ forwarded to FRB on \_\_\_\_\_

THIS BLOCK FOR FINANCIAL INSTITUTION USE

If information on the face of this form is WRONG, check appropriate box, and enter the corrections below:

Recipient/beneficiary did not die; financial institution will not take further action.

Date of death is wrong. Date of death from death certificate is \_\_\_\_\_

Adjusted Outstanding Total (total of payments received after the correct date of death):  
(The Adjusted Outstanding Total is used by the financial institution if it is less than the OUTSTANDING TOTAL shown on the face of the form.): \$ \_\_\_\_\_

Adjusted outstanding total is greater than outstanding total on face of this form. (See Green Book for detailed instructions.)

IF LESS THAN THE OUTSTANDING TOTAL IS BEING PAID, PROVIDE THE NAMES AND ADDRESSES OF THE PERSONS WHO WITHDREW FROM THIS ACCOUNT: \_\_\_\_\_

(If the names of withdrawers cannot be determined, provide names of co-owners or persons with access to the account and explain why names of withdrawers cannot be provided.)

CERTIFICATION NO. 1

This certifies that the Notice to Account Owners form was mailed to the owners of the account at the addresses on the records of this financial institution on \_\_\_\_\_

If a correction has been made to the fact or date of death, this certifies that the date of death entered above is correct and that this financial institution took prudent measures to assure that the person is alive or that the date of death was erroneous.

Signed \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

CERTIFICATION NO. 2

In accordance with 31 CFR 210, this certifies that this financial institution received the Notice of Reclamation on \_\_\_\_\_ and first learned of the death on \_\_\_\_\_. The financial institution had no knowledge of the death or legal incapacity of the recipient or death of the beneficiary at the time any of the payments listed were credited to or withdrawn from the account. An amount equal to the amount remaining in the account, including any additions to the account balance since the receipt of this notice, has been paid to the Government.

Signed \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_