



Business Assistance Form

[Formulario de asistencia para negocios](#)
(En Español)

FDIC 3064-0134 Expiration Date: XX/XX/XXXX

Privacy Act Statement

Collection of this information is authorized by 12 U.S.C. §§ 1818 and 1819 and 15 U.S.C. § 57a(f). The information you provide to the FDIC on this form will be used to investigate and respond to your complaint or inquiry. The information you provide may be disclosed to the institution which is the subject of the complaint or inquiry and to any third party sources, when necessary to investigate or resolve the complaint or inquiry; to the Federal or State supervisory authority that has direct supervision over the financial institution that is the subject of the complaint or inquiry; to appropriate Federal, state or local authorities agencies if a violation or possible violation of a civil or criminal law is apparent; to a congressional office in response to an inquiry made at your request; to a court, magistrate or administrative tribunal in the event of litigation, or in accordance with the other "routine uses of records" listed in the FDIC's Consumer Complaint and Inquiry System of Records, # 30-64-0005. Completing this form is voluntary, but failure to provide all of the information may delay or preclude investigation of your complaint or inquiry.

Last Updated 09/23/2015

Paperwork Reduction Act Statement

Public reporting burden for this collection of information is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and review the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Paper Reduction Act Clearance Officer, Legal Division, Federal Deposit Insurance Corporation, 550 17th Street, N.W., Washington, D.C. 20429, and the Office of Management and Budget, Paperwork Reduction Project (3064-0134), Washington, D.C. 20503.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection unless it displays a currently valid OMB control number.

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Please complete this form if you represent a business and have an inquiry or concern about a financial institution. Once the form has been submitted, you will receive a Confirmation Page indicating that your request has been received.

Please note:

- We cannot act as a court of law or as a lawyer on your behalf.
- We cannot give you legal or financial advice.
- We cannot become actively involved in matters that are in litigation or have been litigated.

*** Required Fields**

Requester Information:

Name of Business Contact

*Business Name

*Salutation

*Last Name

Position/Title

*E-mail Address

*Confirm E-mail Address

*First Name

Phone numbers must be numeric, no dashes or parenthesis (ex:1234567890)

Contact Phone Number

Alternate Phone Number

*Street Address, line 1

Street Address, line 2
*City *State *Zip Zip Ext
*Country
What is the best way to contact you? Phone Mail E-mail
What is the best time to contact you? Morning Afternoon Evening

Is this request submitted by a third party on behalf of the business? Yes No

Name and Contact Information for Business Representative
Last Name First Name
E-mail Address
Phone numbers must be numeric, no dashes or parenthesis (ex:1234567890)
Contact Phone Number Alternate Phone Number
Same address as above? No Yes
Street Address, line 1
Street Address, line 2
City State Zip Zip Ext
Country

Additional Contact Information:

Do you want us to communicate with another individual on your behalf, such as an advisor, attorney, or other person representing you?

Yes No

If you list someone below, you authorize us to communicate with the individual and provide information to that individual.

Representative Last Name First Name
Relationship E-mail Address
Phone numbers must be numeric, no dashes or parenthesis (ex:1234567890)
Contact Phone Number Alternate Phone Number
Street Address, line 1
Street Address, line 2
City State Zip Zip Ext
Country

Does your request involve a specific financial institution? Yes No

Institution Name
Street Address, Line 1
Street Address, Line 2
City State Zip Zip Ext
Country
Institution Phone Number **Phone numbers must be numeric, no dashes or parenthesis (ex:1234567890)**
Type of account(s) Credit Card Deposit Account Real Estate Loan Other Business Loan Other

Have you tried to resolve your inquiry or concern with your financial institution or company? Yes No

When? How? Phone Mail In Person Other
Contact Name Title

Have you contacted another government agency? Yes No

Agency Name?

Inquiry Information:

Describe your inquiry or concern, including any names, phone numbers, and a full description of the issue with the amount(s) and date(s) of any transaction(s). Do not include personal or confidential information such as your social security, credit card, or bank account numbers. If you need to provide *COPIES* of any supporting documentation such as contracts, monthly statements, receipts or any correspondence with the bank (do not send original documents), you may mail or fax this information to:

FDIC Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, MO 64106
1-877-ASK-FDIC (1-877-275-3342)
(Monday - Friday 8:00 am to 8:00 pm EST)
703-812-1020 (Fax number)

***Please describe below the nature of your inquiry or concern.**

Use single quote marks rather than double quotes, if any.

Please be advised that the FDIC may contact your financial institution or company to obtain additional information needed to respond to your inquiry or concern.

***Desired Resolution**

What action by the financial institution or company would resolve this matter to your satisfaction?

***Checking this box authorizes the FDIC to respond and investigate (if applicable) your concerns.**

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Last Updated 06/22/2012

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