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 supervisor 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 count, 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.

Last Updated 09/23/2015

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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:

Marile of Basilless Contact							
*Business Name		=					
*Salutation	Please Select ▼						
*Last Name			*First Name				
Position/Title							
*E-mail Address							
*Confirm E-mail Address							
Phone numbers must be numeric, no dashes or parenthesis (ex:1234567890)							
Contact Phone Number			Alternate Phone Number	r			
*Street Address, line 1							

Street Address, line 2	
*City	*State Please Select • Zip Zip Ext
*Country L	United States
What is the best way to contact	t you? Phone Mail E-mail
What is the best time to contact	et you? Morning Afternoon Evening
Is this request submitted by a Name and Contact Information	third party on behalf of the business?
Last Name	First Name
E-mail Address	
	eric, 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 Please Select v Zip Zip Ext
Country	
Additional Contact Infor	mation:
Yes No	ate with another individual on your behalf, such as an advisor, attorney, or other person representing you?
Representative Last Name	First Name
Relationship	E-mail Address
	eric, no dashes or parenthesis (ex:1234567890)
=	
Contact Phone Number	Alternate Phone Number
Street Address, line 1	
Street Address, line 2	
City	State Please Select ▼ Zip Zip Ext
Country	, 15000 001000
Country	
Does your request involve a	specific financial institution? Yes No
Institution Name	
Street Address, Line 1	
Street Address, Line 2	
City	State Please Select ▼ Zip Zip Ext
Country	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
•	Dh
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?
When?	MM/DD/YYYY How? Phone Mail In Person Other
Contact Name	Title
Contact Name	Title
Have you contacted anot	her government agency? Yes No
Agency Name?	The government agency 1 to 165 to 160
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)

	e below the nature of your inquiry or concern. marks rather than double quotes, if any.					
J 1						
	8					
Please be advise concern.	d that the FDIC may contact your financial institution or company to obtain additional information needed to respond t	o your inquiry or				
*Desired Resolution What action by the	n inancial institution or company would resolve this matter to your satisfaction?					
•	. ,					
		,				
■ *Checking this box authorizes the FDIC to respond and investigate (if applicable) your concerns.						
	Send Clear Print					
FDIC 6422/11 (06-12)						
Last Updated 06/22/2012	consumeralerts@fdic.gov					