

DATE		TRACE REQUEST		<b>DIRECT DEPOSIT</b>	
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"

**TRACE REQUEST**

**DIRECT DEPOSIT**

DIRECT DEPOSIT COORDINATOR:

YOUR CUSTOMER STATES THAT THE DIRECT DEPOSIT PAYMENT DESCRIBED BELOW WAS NOT DEPOSITED TO HIS/HER ACCOUNT. PLEASE REVIEW YOUR PAYMENT RECORDS AND USE THE ATTACHED "CUSTOMER COPY" TO NOTIFY YOUR CUSTOMER OF THE DISPOSITION OF THE PAYMENT.

RACE NUMBER	ROUTING NUMBER	CUSTOMER'S NAME		AMOUNT
		CUSTOMER'S CLAIM NUMBER		PAYMENT DATE
		DEPOSITOR ACCOUNT NUMBER		TYPE OF ACCOUNT
		TYPE OF PAYMENT	DISCRETIONARY DATA	<b>FINANCIAL ORGANIZATION COPY</b>

**Burden Estimate Statement**

The estimated average burden associated with this collection is 8 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Ardmore East Business Center, 3361-L 75th Avenue, Landover, MD 20785 or the Office of Management and Budget, Paperwork Reduction Project (1510-0045), Washington, DC 20503.

**PAPERWORK REDUCTION ACT  
AND  
PRIVACY ACT STATEMENT**

This information is provided in compliance with the Privacy Act of 1974 (P.L. 93-57911). All requested information is mandatory by authority of USC, 301, 31 USC 391, 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.

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**TRACE REQUEST**

**DIRECT DEPOSIT**

**DEAR CUSTOMER:**

**WE HAVE BEEN NOTIFIED THAT YOU HAVE CLAIMED NONRECEIPT OF THE DIRECT DEPOSIT PAYMENT DESCRIBED BELOW. SEE THE BLOCK TO THE RIGHT FOR DISPOSITION OF THE PAYMENT.**

**DISPOSITION OF PAYMENT**

- YOUR PAYMENT WAS RECEIVED AND CREDITED TO YOUR ACCOUNT ON: \_\_\_\_\_
- YOUR PAYMENT WAS RETURNED THROUGH THE FEDERAL RESERVE TO THE ISSUING AGENCY.
- ADDITIONAL REMARKS: \_\_\_\_\_

CUSTOMER'S NAME		AMOUNT
CUSTOMER'S CLAIM NUMBER		PAYMENT DATE
DEPOSITOR ACCOUNT NUMBER		TYPE OF ACCOUNT
TYPE OF PAYMENT	DISCRETIONARY DATA	<b>CUSTOMER'S COPY</b>