



DEPARTMENT OF THE TREASURY
BUREAU of the FISCAL SERVICE
REGIONAL FINANCIAL CENTER

DIRECT DEPOSIT COORDINATOR

DATE OF REQUEST

☐ SECOND REQUEST

DATE OF ORIGINAL REQUEST

Dear Financial Organization Representative:

One of your customers has filed a claim for nonreceipt stating that their direct deposit payment has not been credited to their account. Your customer authorized the payment indicated below to be sent to your financial organization through Treasury's Direct Deposit Program.

TRACE NO.

PAYMENT DATE

RECEIVING FINANCIAL ORGANIZATION ROUTING NO.

TYPE OF PAYMENT

INDIVIDUAL (*Customer's Name*)

AMOUNT

DEPOSITOR'S ACCOUNT NO.

TYPE OF ACCOUNT

DISCRETIONARY CODE

PREFIX INDIVIDUAL ID (*Customer's Claim No.*) SUFFIX

Treasury's records show that the payment was authorized and sent to your financial organization through the Federal Reserve Banking System.

Please research your records, mark the block in the Financial Organization Action Section below that describes the action taken by your financial organization, sign the Financial Center Copy and return **within 3 days to:**

Department of the Treasury
Bureau of the Fiscal Service
Regional Financial Center
P.O. Box _____

Director, Regional Financial Center

FINANCIAL ORGANIZATION ACTION

☐ The payment described above was credited to the customer's account on (Date) _____

The CUSTOMER'S COPY of this form was completed and forwarded to the customer on (Date) _____

☐ We received the payment listed above. The payment was returned to the Federal Reserve on (Date) _____

☐ We have the payment listed above but cannot post it. We are returning the payment to the Federal Reserve on (Date) _____

☐ Account Owner's name(s) does not match the above stated individual. Action being taken (*Check box below*):

☐ Returning the funds through ACH per Reason Code R06

☐ Returning the funds by an Official Bank Check

☐ Funds are not available for Return

Note: *In the Additional Remarks section, please provide the account holder information for the customer who received the payment. (This information is being requested, and may be disclosed, under the authority of 12 USC 3413 (k) - Disclosure Necessary for Proper Administration of Programs of Certain Government Authorities)*

ADDITIONAL REMARKS _____

PAPERWORK REDUCTION ACT AND PRIVACY ACT STATEMENT

This information is provided in compliance with the Privacy Act of 1974 (PL. 93-5791). 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 nonreceipt of payment to organizations through the Direct Deposit Program.

BURDEN ESTIMATE STATEMENT

The estimate 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 Bureau of the Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328. DO NOT SEND completed form to the above address; send to the address shown in the instructions.

SIGNATURE

TITLE

DATE



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SIGNATURE

TITLE

DATE

CUSTOMER NAME

DATE

CUSTOMER ADDRESS

CUSTOMER ADDRESS

SUBJECT:

Dear Customer:

The Treasury Department has notified us that you have claimed nonreceipt of the direct deposit below because the payment has not been credited to your account.

☐ This is to advise you that your payment was received and credited to your account on (Date) _____

☐ ADDITIONAL REMARKS _____

TRACE NO.

PAYMENT DATE

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TYPE OF PAYMENT

INDIVIDUAL *(Customer's Name)*

AMOUNT

DEPOSITOR'S ACCOUNT NO. TYPE OF ACCOUNT

DISCRETIONARY CODE

PREFIX INDIVIDUAL ID *(Customer's Claim No.)* SUFFIX

NAME OF FINANCIAL ORGANIZATION

SIGNATURE

DATE

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