



**ELECTRONIC FUNDS TRANSFER
FEDERAL RECURRING PAYMENTS**

NOTICE OF RECLAMATION



FROM:

DATE:

TICKET #:

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
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OUTSTANDING TOTAL

A Immediately mail NOTICE TO ACCOUNT OWNERS (last copy of this form) to the current address of the account owner. Inform the account owner(s) of any actions your financial institution has taken or intends to take. The financial institution shall sign Certification No. 1, via Pay.gov.

B Your financial institution should correct any error in the fact of death, date of death and/or outstanding total via Pay.gov submission.

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 canceled 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 or authorize a debit for the full amount of the reclamation via Pay.gov.

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 payments via Pay.gov.
a.(2) more than one payment listed above, then prepare ACH returns(s) for amounts(s) equal to each full payment. Any remaining amount that does not equal a full payment must be returned via Pay.gov. (Note: The amount in the account includes any additions to the account balance made after the receipt of this NOTICE. Provide the name(s) and address of the withdrawer(s) via Pay.gov. If it is a true statement of fact, you must sign Certification No. 2 via Pay.gov. Proceed with Step D below.)

b. Estate or Next of Kin: **Mail a check or money order directly to the authorizing agency (e.g. SSA, VA, or OPM) ensuring the payment is made payable to that specific federal agency.**

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 via Pay.gov. If it is a true statement of fact, you must sign Certification No. 2 via Pay.gov.

D Unless the outstanding total is returned by ACH within 60 days of the date on this NOTICE, submit a response via Pay.gov. Any supporting documentation related to Notice of Reclamation responses (payee alive, incorrect date of death, etc.) must be emailed to PFC-Reclamations@fiscal.treasury.gov within 15 business days of the response being submitted. **Do not send ACH return confirmations.** See Green Book: Chapter 5 Reclamations for details. For the purpose of this reclamation, Pay.gov should only be utilized by your financial institution.

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: Chapter 5, Reclamations 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
BUREAU OF THE FISCAL SERVICE
FS FORM 133 (REVISED January 2026)

THIS BLOCK FOR DISBURSING OFFICE USE

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 the 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 the 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 address 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

DIRECT DEPOSIT

**ELECTRONIC FUNDS TRANSFER
FEDERAL RECURRING PAYMENTS**

NOTICE OF RECLAMATION



FROM:

DATE:

TICKET #:

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

OUTSTANDING TOTAL

NOTICE TO ACCOUNT OWNERS FROM THE GOVERNMENT

The Government has received information that the person named on this notice is deceased. The purpose of this notice is to inform you that by law entitlement to Government benefits for this person ended at death. Therefore, the Government must recover all payments made after the date of death. If there has been an error and this person is not deceased, or if the date of death is wrong, this notice explains how to correct the mistake. If you do not understand this notice, please get help from either your financial institution or the Government agency that was making payments. To submit payment, send a check or money order directly to the authorizing agency (e.g. SSA, VA, or OPM). Ensure the payment is payable to the agency and includes the reclamation ticket number for reference.

PAYMENTS TO THIS PERSON HAVE BEEN STOPPED

Your financial institution has been asked to return the payments shown on this notice to the Government because they were issued in error. The Government has asked your financial institution to send this notice to you, the account owner. Your financial institution must notify you if it has taken action to recover these funds from the account. Contact your financial institution immediately if you do not understand its actions. If the Government is unable to collect from the financial institution the full amount of the payments made after death, you may be contacted by the agency which made the payments.

IF THE PERSON IS NOT DECEASED

If the person is not deceased, immediately contact both your financial institution and the agency that made the payments to correct the error. The Government regrets any inconvenience this error may cause. Your financial institution can correct the collection action if it is given satisfactory proof that the person is alive. NOTE: YOU MUST CONTACT THE AGENCY THAT MADE THE PAYMENTS BECAUSE THIS ERROR HAS STOPPED FURTHER PAYMENTS. ONLY THE AGENCY CAN RESTART THE PAYMENTS.

IF THE DATE OF DEATH IS WRONG

If the date of death shown is wrong, immediately show your financial institution a copy of the death certificate which will permit it to make any needed adjustment to the amount it must return to the Government. If it is inconvenient to go to the financial institution, bring this notice and a death certificate to the agency that made the payments so correction may be made. The agency that made the payments is shown using these abbreviations:

SOCIAL SECURITY ADMINISTRATION: RSI-SSA; DIB-SSA; RSI-SSI

DEPARTMENT OF VETERANS AFFAIRS: VA

OFFICE OF PERSONNEL MANAGEMENT: OPM

RAILROAD RETIREMENT BOARD: RRB

OTHER AGENCY ABBREVIATIONS: AF RET PAY; ARMY RET; ARMY BEN;

MarCorRet; MarCorAnn; NAVYRET; NAVY ANN; CIADSANNU

SURVIVOR BENEFITS

Persons related to the deceased may qualify for survivor payments. Survivors should contact the agency that made payments to determine whether they are eligible.

NOTICE FOR FINANCIAL INSTITUTION ONLY

Paperwork Reduction Act and Privacy Act Statement

By authority of 5 USC 301, 12 USC 391, and Title 31, Code of Federal Regulations, Part 210, the information requested on these forms is mandatory in order for Treasury to recover from your organization one or more Electronic Funds Transfer payments which the recipient or beneficiary named was not entitled to receive. Failure to provide all the required information and to return an amount equal to the amount in the account (up to the total being reclaimed) before the deadline may cause Treasury to contact your Federal Reserve bank to automatically debit your account (or that of your correspondent).

Burden Estimate Statement

The estimated average time (burden hours) associated with filling out this paperwork is 12 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this time estimate and suggestions for reducing the burden associated with the time spent collecting this information should be directed to the Bureau of the Fiscal Service, PO Box 1328 Parkersburg, WV 26106-1328 and the Office of Management and Budget, Paperwork Reduction Project (1530-0003), Washington, DC 20503. **THIS ADDRESS SHOULD ONLY BE USED FOR COMMENTS AND/OR SUGGESTIONS CONCERNING THE AMOUNT OF TIME SPENT TO COLLECT THIS DATA. DO NOT SEND THE COMPLETED PAPERWORK TO THE ADDRESS ABOVE FOR PROCESSING.**