

Deposit Adjustment Dispute Form

Section 1: Service Description and Form Instructions

This form is used to dispute an FRB adjustment made to a currency or coin deposit from your financial institution. The FRB must receive this form within 5 business days after you receive the difference advice. Include a copy of the FRB difference advice and strap image along with this form. **All fields in each section that apply to your difference dispute must be completed**

For assistance completing this form, please contact your local FedCash® Services [contact](#).

Send completed form and required enclosures (see Section 3.1) to your servicing FRB Cash office.

Section 2: Customer Information

Institution Name			
Identification Number (ABA/RTN)	<i>9-Digit ABA Number</i>		<i>4-Digit Branch Number</i>
Requesting Contact Name	<i>First</i>	<i>MI</i>	<i>Last</i>
Requesting Contact Title			
Requesting Contact Phone Number	<i>Country Code</i>	<i>Phone</i>	<i>Extension</i>
Requesting Contact Email Address			

Section 3: Customer Specific Requests

Servicing FRB Office	
Date	
Date of Your Deposit	
Total Amount of Deposit	

3.1 Currency Deposit Adjustment

Type of Adjustment	<input type="checkbox"/> Short	<input type="checkbox"/> Over	<input type="checkbox"/> Other _____	
Denomination	<input type="checkbox"/> \$100	<input type="checkbox"/> \$50	<input type="checkbox"/> \$20	<input type="checkbox"/> \$10
	<input type="checkbox"/> \$5	<input type="checkbox"/> \$2	<input type="checkbox"/> \$1	
Adjustment Amount				
Date of FRB Advice				
Required Enclosures	<input type="checkbox"/> Difference Advice with Strap Image (originals)			

3.2 Coin Deposit Adjustment

Type of Adjustment	<input type="checkbox"/> Short	<input type="checkbox"/> Over	<input type="checkbox"/> Other _____	
Denomination	<input type="checkbox"/> Dollars	<input type="checkbox"/> Halves	<input type="checkbox"/> Quarters	<input type="checkbox"/> Dimes
	<input type="checkbox"/> Nickels	<input type="checkbox"/> Pennies		
Adjustment Amount				
Date of FRB Advice				

3.3 Customer Comments

<p>Additional Information: Please provide additional information regarding your dispute request.</p>	
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Section 4: Authorized Approval

From Official Authorization List

Authorized Signer Name	<i>First</i>	<i>MI</i>	<i>Last</i>
Authorized Signer Title			
Authorized Signer Email Address			
Authorized Signer Phone Number	<i>Country Code</i>	<i>Phone</i>	<i>Extension</i>
Authorized Signature			
Date			

This application will not be accepted if the name provided above is not an individual listed on your institution's Official Authorization List (OAL). To complete an OAL for your institution or to add authorized individuals to your institution's OAL, visit [Account Services](#).

<p>Federal Reserve Use Only</p> <p>Date Notified: _____</p> <p>FRB Contact: _____</p> <p>DFI Contact: _____</p>
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