



Federal Reserve Bank Bank's Claim of Late Return

FRBservices.org

Reference the returned check described below:

| | |
|------------------------------------|--|
| Amount (must be \$100 or more) | |
| Dated | |
| Paying Bank | |
| Paying Bank 9 Digit Routing Number | |
| Paying Bank Location | |
| Drawn By (drawer) | |
| Payable To (payee) | |
| Check Number | |

We sent this item to:

| | | | |
|----------------------|--|-----|--|
| Bank Name | | | |
| Cash Letter Date | | | |
| Cash Letter Total | | | |
| Tape total | | | |
| Listed between items | | and | |

We received the check from:

| | | | |
|--|--|-----|--|
| Bank Name | | | |
| Received Date | | | |
| Return Letter / Advice Date ¹ | | | |
| Return Letter / Advice Total | | | |
| Tape total | | | |
| Listed between items | | and | |
| Sequence number (if applicable) | | | |

¹ If the Reserve Bank does not receive all of the information requested within two (2) calendar months after the date listed, the Reserve Bank will not accept the claim and the requester will have to deal directly with the paying bank. In addition, the item must have been collected and/or returned through the Federal Reserve check collection system. Knowingly making false statements to influence the action of a Federal Reserve Bank may subject the signing party to criminal penalties under federal and/or state law.

Federal Reserve Bank Bank's Claim of Late Return

We claim that, according to our records and the data associated with the check, the paying bank did not take all action necessary to recover its payment within the deadline in Regulations J and CC, and we verify that, as to notice of non-payment of the check we received: (CHECK ONE)

| | | |
|--|---------|-------|
| <input type="checkbox"/> Advice by | Method: | Date: |
| <input type="checkbox"/> No advice other than the returned check | | |

Please provisionally credit our account and advise.

| | |
|---|--|
| Bank Name | |
| 9 Digit Routing Number | |
| Name of Bank Contact ² | |
| Phone Number of Bank Contact ² | |
| Authorized Signature | |
| Date | |

²For Payor Bank to request original form and/or original check or original photocopy of check if needed.