



Federal Reserve Bank FedCash[®] Services Difference Claim Request

Servicing FRB Office: _____

Effective Date: _____

FRBservices.org

Federal Reserve Use Only

Date Notified: _____

FRB Contact: _____

DFI Contact: _____

The FRB must receive the notice of claim within 5 business days after receipt of a currency shipment and within 15 business days of a coin shipment.

Section 1 – Financial Institution Information

***Required Fields**

Financial Institution Name *			
Routing (ABA) Number *	<i>9-Digit ABA Number</i>		<i>4-Digit Branch Number</i>
Contact Name *	<i>First</i>	<i>Middle Initial</i>	<i>Last</i>
Title			
Telephone *	<i>Phone</i>		<i>Extension</i>
Email Address *			
Date Shipment Received *			
Total Amount of Shipment *			
Carrier Name *			
Verifier #1 Name *	<i>First</i>	<i>Middle Initial</i>	<i>Last</i>
Verifier #2 Name *	<i>First</i>	<i>Middle Initial</i>	<i>Last</i>
Date of Verification *			
Please provide brief description of the receipt and verification process. *			

Section 2 – Currency Differences

Currency Type *	<input type="checkbox"/> New	<input type="checkbox"/> Fit		
Reason for 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	
Difference Amount *				
Required Enclosures for Fit Currency *	<input type="checkbox"/> Currency Strap	<input type="checkbox"/> Shrink Wrap or Polybag		
	<input type="checkbox"/> Shipping Bag			

For New Currency Only

Serial Number before missing/extra notes *		
Serial Number after missing/extra notes *		
Required Enclosures for New Currency *	<input type="checkbox"/> Currency Strap	<input type="checkbox"/> The Entire BEP Wrapping
	<input type="checkbox"/> Shipping Bag	

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Section 3 – Coin Differences

Coin*	<input type="checkbox"/> Circulated	<input type="checkbox"/> Mint	
Reason for Adjustment*	<input type="checkbox"/> Short	<input type="checkbox"/> Over	<input type="checkbox"/> Other
Denomination*	<input type="checkbox"/> Dollars <input type="checkbox"/> Nickels	<input type="checkbox"/> Halves <input type="checkbox"/> Pennies	<input type="checkbox"/> Quarters <input type="checkbox"/> Dimes
Difference Amount*			
Required Enclosures*	<input type="checkbox"/> Denomination Tag <input type="checkbox"/> Any Other Shipping Tags	<input type="checkbox"/> Seals	

Section 4 – Customer Comments

Please provide additional information regarding your claim request.	
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Section 5 – Authorized Signature

Name*	<i>First</i>	<i>Middle Initial</i>	<i>Last</i>
Title*			
Email Address*			
Signature*			
Date*			
Telephone*	<i>Phone</i>	<i>Extension</i>	

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