



**Federal Reserve Bank FedCash®
Services**

Difference Claim Request Form

Servicing FRB Office: _____

Date: _____

FRBservices.org

Federal Reserve Use Only

Date Notified: _____

FRB Contact: _____

DFI Contact: _____

This form is used to file a difference claim on a currency or coin order you received from the FRB. The FRB must receive the notice of claim within 5 business days after receipt of a currency order and within 15 business days after receipt of a coin order. **All fields in each section that apply to your claim request must be completed.**

Section 1 – Financial Institution Information

Financial Institution Name			
Routing (ABA) Number	9-Digit ABA Number		4-Digit Branch Number
Contact Name	First	Middle Initial	Last
Title			
Telephone	Phone		Extension
Email Address			
Date Order Received			
Total Amount of Order			
Carrier Name			
Verifier #1 Name	First	Middle Initial	Last
Verifier #2 Name	First	Middle Initial	Last
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		
Difference Type	<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 Band	<input type="checkbox"/> Shrink Wrap or Polybag	<input type="checkbox"/> Shipping Bag	

For New Currency Only – Complete only if difference claim is in a new currency order.

Serial Number before missing/extra notes		
Serial Number after missing/extra notes		
Required Enclosures for	<input type="checkbox"/> Currency Band	<input type="checkbox"/> The Entire BEP Wrapping

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New Currency	<input type="checkbox"/> Shipping Bag
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Section 3 – Coin Differences

Coin	<input type="checkbox"/> Circulated	<input type="checkbox"/> Mint		
Difference Type	<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		
Difference Amount				
Required Enclosures	<input type="checkbox"/> Denomination Tag	<input type="checkbox"/> Seals		
	<input type="checkbox"/> Any Other Shipping Tags			
Mutilated or Foreign Coin	Number of coins found _____ (enter 0 if none)			

Section 4 – Customer Comments – Complete as necessary

Please provide additional information regarding your claim request.	
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Section 5 – Authorized Signature – from Official Authorization List

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

The completed form should be mailed to your servicing FRB or Customer Support Help Desk as appropriate.

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