



Federal Reserve Bank
FedCash[®] Cross-Shipping Billing Adjustment
 Servicing FRB Office: _____

FRBservices.org

Federal Reserve Use Only	
Date Notified:	_____
FRB Contact:	_____
DFI Contact:	_____

Section 1 – Financial Institution Information

All Fields Are Required

Financial Institution Name	_____		
Routing (ABA) Number	_____		
Contact Name	<i>First</i>	<i>Middle Initial</i>	<i>Last</i>
Title	_____		
Telephone	<i>Phone</i>	<i>Extension</i>	
Email Address	_____		

Section 2 – Adjustment Information

Date(s) for Adjustment	_____
Summary Statement of Services Charges Billing Period	_____
Impact Statement – Describe how you were billed incorrectly under Service Area 6303. (Ex: an approved waiver was not entered timely) Provide all relevant details, including: specific zone(s), denomination(s), and endpoint(s).	_____

Section 3 – 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>	

The completed form should be faxed to your local FRB office or a Customer Support Help Desk if available in your District.
<http://www.frbservices.org/Cash/CashCustSupport.html>

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