

Difference Claim Request Form

Section 1: Service Description and Form Instructions

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 20 business days after receipt of a coin shipment. **All fields in each section that apply to your claim request must be completed.**

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

Send completed form and required enclosures (see Sections 3.1, 3.2, or 3.3) to your servicing FRB Cash office.

Section 2: Customer Information

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

Section 3: Customer Specific Requests

| | | | |
|--------------------------------------------------------------------------|-------|----|------|
| Servicing FRB Office | | | |
| Date | | | |
| Date Order Received | | | |
| Total Amount of Order | | | |
| Carrier Name | | | |
| Verifier #1 Name | First | MI | Last |
| Verifier #2 Name | First | MI | Last |
| Date of Verification | | | |
| Please provide brief description of the receipt and verification process | | | |

3.1 Currency Differences

| | | |
|---------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------|
| Currency Type | <input type="checkbox"/> New | <input type="checkbox"/> Fit |
| Reason for Adjustment | <input type="checkbox"/> Short | <input type="checkbox"/> Over |
| Denomination | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$50 |
| | <input type="checkbox"/> \$5 | <input type="checkbox"/> \$2 |
| | <input type="checkbox"/> \$20 | <input type="checkbox"/> \$10 |
| | <input type="checkbox"/> \$1 | |
| Difference Amount | | |
| Required Enclosures for Fit Currency | <input type="checkbox"/> Currency Band <input type="checkbox"/> Shipping Bag | <input type="checkbox"/> Shrink Wrap or Polybag |

3.2 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 New Currency | <input type="checkbox"/> Currency Band <input type="checkbox"/> Shipping Bag |
| | <input type="checkbox"/> The Entire BEP Wrapping |

3.3 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"/> Nickels | <input type="checkbox"/> Pennies |
| | <input type="checkbox"/> Quarters | <input type="checkbox"/> Dimes |
| | <input type="checkbox"/> \$1 | |
| Difference Amount | | |
| Required Enclosures | <input type="checkbox"/> Denomination Tag <input type="checkbox"/> Any Other Shipping Tags | <input type="checkbox"/> Seals (canvas bag) <input type="checkbox"/> Bag (plastic bag) |
| Bent, Partial or Foreign Coin | Number of coins found _____ (enter 0 if none) | |
| Customer Comments: Please provide additional information regarding your claim request | Complete as necessary | |

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](#)

Federal Reserve Use Only

Date Notified: _____

FRB Contact: _____

DFI Contact: _____

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