



SOCIAL SECURITY

ABANDON RECLAMATION REQUEST- EFT	
Department of the Treasury	FROM: Social Security Administration
Financial Management Service	Requester is located at (complete one):
ATTN: Claims Branch	PC #:
FAX:	RO:
Austin RFC: 512-342-7227	FO #:
San Francisco RFC: 510-594-7360	

Please abandon reclamation for the Social Security/SSI direct deposit payment(s) below:	
NAME OF BENEFICIARY/RECIPIENT:	CLAIM NUMBER/SSN:
PAYMENT DATE:	AMOUNT:
Reason for abandoning reclamation (<i>Choose reason</i>): <input type="checkbox"/> Beneficiary/Recipient is alive. <input type="checkbox"/> Estate or withdrawer has repaid SSA directly. <input type="checkbox"/> Previous date of death incorrect; correct date of death is: _____ <input type="checkbox"/> Other _____	
Name of Requester (<i>Print</i>):	Signature of Requester:
Phone:	Fax:
	Date of Request: