THIS BLOCK FOR DISBURSING OFFICE

A. Notice of Reclamation

CLAIM # 000-00-0000 A

I. Total Amount Due $2,226.00 Total Amount Refunded $1,182.47 To Be Recovered By Agency $1,043.53

II. The amount of $1,182.47 was deposited for credit in the account of the DOE on
DISBURSING OFFICER

Certificate of Deposit No. 000000 dated January 25, 2008.

DR. 4.20 Confirmed Deposits
CR. 4.10 Net D.O. Transaction-Station Code 0000-0000U _____
DISBURSING OFFICER

Trust Fund or Appropriation Symbol 00-0000000 January 25, 2008
DATE

Ck# 000-00000 & 00000000

B. Further Action

☐ No further action being taken.

☐ Request for Debit for $ _____ forwarded to FRB on _____.

THIS BLOCK FOR FINANCIAL INSTITUTION USE

If Information on the face of this form is WRONG, check appropriate box, and enter the corrections below.

☐ Recipient/beneficiary did not die; financial institution will not take further action.

☐ Date of death is wrong. Date of death from death certificate is _____.

☐ Adjusted Outstanding total (total of payments received after the correct date of death):
(The Adjusted Outstanding total is used by the financial institution if it is less than the OUTSTANDING TOTAL shown on the face of the form.): $ _____

☐ Adjusted outstanding total is greater than outstanding total on the face of this form. (See Green Book for detailed instructions.).

FOR SSA, VA AND RRB PAYMENTS ONLY, IF LESS THAN THE OUTSTANDING TOTAL IS BEING PAID, PROVIDE THE NAMES AND ADDRESSES OF THE PERSONS WHO WITHDREW FROM THIS ACCOUNT: _____

_____

_____

(If the names of withdrawers cannot be determined, provide names of co-owners or persons with access to the account and explain why names of withdrawers cannot be provided.)

CERTIFICATION NO. 1

This certifies that the Notice to Account Owners form was mailed to the owners of the account at the addresses on the records of this financial institution on _____.
If a correction has been made to the fact or date of death, this certifies that the date of death entered above is correct and that this financial institution took prudent measures to assure that the person is alive or that the date of death was erroneous.

_____
Signed

_____
Title

_____
Date

CERTIFICATION NO. 2

In accordance with 31 CFR 210, this certifies that this financial institution received the Notice of Reclamation on _____ and first learned of the death on _____. The financial institution had no knowledge of the death or legal incapacity of the recipient or death of the beneficiary at the time any of the payments listed were credited to or withdrawn from the account. An amount equal to the amount remaining in the account, including any additions to the account balance since the receipt of this notice has paid the Government.

_____
Signed

_____
Title

_____
Date