

Cross-Shipping Waiver Request Form

Required Fields***Section 1: Service Description and Form Instructions**

This form can be used to request relief from cross-shipping fees due to a very serious disruption to cash flows, such as that caused by flooding in the main vault or a major service disruption. Customers who experience special circumstances that they believe qualify for a waiver should submit the Waiver Request Form to the Customer Contact Center within 5 business days of the onset of the situation. Your servicing Federal Reserve cash office will decide whether the circumstances warrant cross shipping relief.

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

Send completed forms to the Support Center at

Federal Reserve Bank
Support Center
ccc.bankservices@kc.frb.org

Section 2: Customer Information

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

Section 3: Waiver Information

Requested Effective Date*	
Servicing FRB Office* <small>Forms with the "Servicing FRB office" field left blank cannot be processed and will be returned to the customer.</small>	
Time Period for Requested Waiver*	
Reason for Waiver* <small>Please describe the circumstances that led to this Cross-Shipping Waiver Request.</small>	

Impact Statement* Please describe how the circumstances above affect your FedCash operations from a Cross-Shipping standpoint.	
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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: _____ Request Disposition _____
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