



Remote Deposit Capture (RDC) Item Indemnity Claim Form Instructions

When to use this Form

The [Remote Deposit Capture \(RDC\) Item Indemnity Claim Form](#) is the **required** supporting documentation used for a [Remote Deposit Capture \(RDC\) Item](#). Use this form when you submit a RDC; no other documentation is required. Avoid providing a copy of the Paid Item (PAID) adjustment entry, a copy of the item involved in the claim or a copy of a Return Letter listing.

Refer to the [Check Adjustments Quick Reference Guide](#) for details on submitting a Remote Deposit Capture (RDC) Item request and all other investigation types.

Remote Deposit Capture (RDC) Item Indemnity Claim Form Field Description



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Form must be filled out completely

Section 1: Claim of Loss Amount and Item Detail

Amount of Item / Claim <i>Claim must equal the amount of the item</i>	The amount of the item involved in the claim.	
Date Became Aware of Claim	The date you became aware of the claim.	
Bank's Name	Your institution's name.	
9 Digit Routing Number	Your institution's routing number.	
BOFD ABA that accepted the RDC¹	The routing number of the Bank of First Deposit (BOFD) that accepted the Remote Deposit Capture (RDC) item.	
BOFD Name that accepted the RDC	The name of the BOFD that accepted the RDC item.	
Drawer's/Maker's Account Number	The account number of the Drawer's/Maker's account involved in the claim.	
Check Number	The check number of the item involved in the claim.	
BOFD Endorsement Date	<small>Paper</small> Your endorsement date	<small>RDC</small> The RDC BOFD's endorsement date
BOFD Sequence Number	<small>Paper</small> Your sequence number	<small>RDC</small> The RDC BOFD's sequence number
Date and method item was charged	<small>Date</small> The date and method you were charged for the item involved in the claim. Check the applicable box.	<input type="checkbox"/> PAID Adjustment <input type="checkbox"/> Return Letter

Section 2: Statement

Check both boxes and provide explanation, as applicable

<input type="checkbox"/> Claimant has verified that they received the item as paper and the item does not have a restrictive indorsement inconsistent with the means of deposit (paper).	Check the box and provide an explanation as to how you verified you received the paper item and confirm the item does not have a restrictive indorsement inconsistent with the means of deposit (Paper).
<input type="checkbox"/> Claimant has good reason to believe that the RDC bank accepted the item as Remote Deposit Capture.	Check the box and provide an explanation as to why you believe the RDC bank accepted the item as Remote Deposit Capture.

¹If the Federal Reserve Banks are unable to debit the RDC bank, the claim will be sent back to the Requestor.

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Section 3: Additional Details

We certify that, according to our records, the information contained in this Indemnity Claim is accurate and that we have suffered the loss as described in the claim.

Bank Name	Your institution's name.		
9 Digit Routing Number	Your institution's routing number.		
Name of Bank Contact	<small>First</small>	<small>MI</small>	<small>Last</small>
	The point of contact, at your institution, for the claim.		
Phone Number of Bank Contact	<small>Area Code</small>	<small>Phone</small>	<small>Extension</small>
	The telephone number of the contact person.		
Authorized Signature	The person authorized, by your institution, to sign the form.		
Date	The date you are submitting the adjustment request.		

If the Reserve Bank does not receive all of the information requested within 90 calendar days of the item reported as PAID/returned, the Reserve Bank will not accept the claim through check adjustments channels. In addition, the paper and RDC forward items must have been collected through the Federal Reserve check collection system. Knowingly making false statements to influence the action of a Federal Reserve Bank may subject the signing party to criminal penalties under federal and/or state law.

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Last updated: March 2023