



FDIC Deposit Insurance Form

[Formulario de asistencia al cliente
\(En Español\)](#)

FDIC 3064-0134 Expiration Date: XX/XX/XXXX

Privacy Act Statement

Collection of this information is authorized by 12 U.S.C. §§ 1818 and 1819 and 15 U.S.C. § 57a(f). The information you provide to the FDIC on this form will be used to investigate and respond to your complaint or inquiry. The information you provide may be disclosed to the institution which is the subject of the complaint or inquiry and to any third party sources, when necessary to investigate or resolve the complaint or inquiry; to the Federal or State supervisory authority that has direct supervision over the financial institution that is the subject of the complaint or inquiry; to appropriate Federal, state or local authorities agencies if a violation or possible violation of a civil or criminal law is apparent; to a congressional office in response to an inquiry made at your request; to a court, magistrate or administrative tribunal in the event of litigation, or in accordance with the other "routine uses of records" listed in the FDIC's Consumer Complaint and Inquiry System of Records, # 30-64-0005. Completing this form is voluntary, but failure to provide all of the information may delay or preclude investigation of your complaint or inquiry.

Last Updated 09/23/2015

Paperwork Reduction Act Statement

Public reporting burden for this collection of information is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and review the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Paper Reduction Act Clearance Officer, Legal Division, Federal Deposit Insurance Corporation, 550 17th Street, N.W., Washington, D.C. 20429, and the Office of Management and Budget, Paperwork Reduction Project (3064-0134), Washington, D.C. 20503.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection unless it displays a currently valid OMB control number.

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Please complete this form if you have a question regarding FDIC Deposit Insurance coverage. Once the form has been submitted you will receive the Deposit Insurance Confirmation page indicating that your request has been received.

Please note that if you have a complaint:

- We cannot act as a court of law or as a lawyer on your behalf.
- We cannot give you legal or financial advice.
- We cannot become actively involved in complaints that are in litigation or have been litigated.

*** Required Fields**

***Indicate whether you are a:** ☒ Consumer **OR** ☐ Banker

Requester Information:

*Salutation	Please Select ▾	
*Last Name		*First Name
Middle Name		
*E-mail Address		
*Confirm E-mail Address		
Phone numbers must be numeric, no dashes or parenthesis (ex:1234567890)		
Home Phone Number		Work Phone Number
		Cell Phone Number
*Street Address, line 1		
Street Address, line 2		

*City *State *Zip Zip Ext
*Country

What is the best way to contact you? ☐ Phone ☐ Mail ☐ E-mail
What is the best time to contact you? ☐ Morning ☐ Afternoon ☐ Evening

Is this request submitted on behalf of you and another individual? ☐ Yes ☒ No

Last Name First Name
E-mail Address
Phone numbers must be numeric, no dashes or parenthesis (ex:1234567890)
Home Phone Number Work Phone Number Cell Phone Number
Same address as above? ☐ No ☒ Yes
Street Address, line 1
Street Address, line 2
City State Zip Zip Ext
Country

*Please describe below the nature of your Deposit Insurance inquiry.

☐ *Checking this box authorizes the FDIC to respond to your inquiry

FDIC 6422/15 (8-18) consumeralerts@fdic.gov

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