For Paperwork Reduction Act Statement and Burden Estimate Statement
See Reverse Side "Financial Institution Copy"

OMB NO.: 1510-0043
Expiration Date: 02/28/2000

FMS FORM 2-90 135 EDITION OF 3-89 IS OBSOLETE

DEPARTMENT OF THE TREASURY
FINANCIAL MANAGEMENT SERVICE

REQUEST FOR DEBIT ELECTRONIC FUNDS TRANSFER FEDERAL RECURRING PAYMENTS

TO: FEDERAL RESERVE BANK
FRB Atlanta
1000 Peachtree Street NE
Atlanta, GA 30309-4470

ROUTING NO. OF FINANCIAL INSTITUTION
00000000 X

AMOUNT TO BE DEBITED
$ 0000.00

CLAIM NUMBER
000000000D0

FROM: DEPARTMENT OF THE TREASURY
Financial Management Service
Regional Financial Center
Post Office Box 149058, Austin, TX 78714-9058

NAME OF REPRESENTATIVE PAYEE AND/OR BENEFICIARY
Mary Doe

DEPOSITOR ACCOUNT NUMBER

AUTHORIZED BY: FOR: John Doe
Director, Financial Center

TYPE OF ACCOUNT
Checking

DATE: 01/18/2008

Date of TFS-133 11/13/07

Please debit the appropriate account for the above identified financial institution for the above amount which represents liability to the Government for recurring payments issued after the date of non-entitlement due to the death or legal incapacity for the individual shown.

Please complete the attached SF-215, Certificate of Deposit, debit the appropriate account for the above financial institution, make the appropriate entry on the Treasury's daily transcript, and complete the information below on all copies of the Request for Debit.

The original and D copy of the Request for Debit and the attachments should be forwarded to the above financial institution. The A & B copies of the Request for Debit should be returned to the Treasury Financial Center above. The C copy is for your records.

ENCLOSURE

TO BE COMPLETED BY FRB

CERTIFICATE OF DEPOSIT NO.	DATE OF DEPOSIT
A000000	XX/XX/XXXX

ENTER IN ACCOUNTS:

_____
Disbursing Officer

DR. 420 CONFIRMED DEPOSITS

CR, 4.10 NET DISBURSING OFFICE TRANSACTION - STATION CODE _____

TRUST FUND OR APPROPRIATION SYMBOL _____

A PROGRAM AGENCY COPY