

Form RD 1902-7
(5-88)

FINANCIAL INSTITUTION SUMMARY FOR CBS

Instructions: Item 1 should be completed by the Rural Development/Farm Service Agency office. Items 2 thru 6 should be completed by the financial institution and returned to the local agency office.

1. Name of Agency Office _____
Office Code _____ Office Address _____
City and State _____ Zip Code _____
Telephone Number _____

2. Name of Financial Institution _____
Address _____
City and State _____ Zip Code _____
Telephone Number _____
Name and Title of Contact _____

3. Federal deposit insurance by _____

4. City or State Prefix Code _____
Routing (ABA) Number/Check Digit _____

5. Financial Institution does not wish to receive reimbursement for uncollected funds expense (i.e., 100% immediate credit will be presumed). Please check, if appropriate: _____

If the Financial Institution wishes to receive reimbursement for uncollected funds expense, it should provide the following availability factors (see Exhibit for explanation):

Immediate Credit _____ %

One-day Credit _____ %

Two-day Credit _____ %

6. Cut-off time for same day credit of deposit _____

