**Credit Gateway**

**Fedwire Return Form**

**This form is for use by government agencies only.**

**Any forms not submitted by a government agency will not be honored.**

**All fields are required.**

**Email completed form by 4:00 p.m. ET to** [**Customer.Care@usbank.com**](mailto:Customer.Care@usbank.com)

**Note: Email’s received after 4:00 pm ET will be processed on a best effort basis or the next business day.**

|  |  |
| --- | --- |
| **Agency Name:** |  |
| **Requestor’s Name:** |  |
| **Requestor’s Phone Number:** |  |
| **Requestor’s Email:** |  |
| **CIR Source Financial Transaction ID:** |  |
| **Debtor Name** |  |
| **Date of original wire:** |  |
| **Dollar amount:** |  |
| **Credit Gateway account:**  ***(8 digit ALC# or 12 digit gateway account #)*** |  |
| **Reason for Return:** |  |

For Credit Gateway internal use only

Must be approved by listed agency contact from HEDB, or excel spreadsheet.

|  |  |  |  |
| --- | --- | --- | --- |
| Date received: |  | By whom: |  |
| Approved by (Agency Contact assigned through GWA): |  | Call Tracker Ref. Number |  |
| Sent to Gateway Ops Date: |  | Customer Care rep: |  |
| Date completed: |  | Customer Care rep: (Dual Verification) |  |