



Full Service Direct Deposit Item Reversal/Deletion Form

Please fax completed form to your ADP Representative

Client Code: _____ Client Name: _____

Contact Name: _____ Phone #: _____

Authorized Client Name (Print): _____

By signing below, Client hereby requests ADP to reverse or delete the entries set forth below and represents to ADP (i) that each reversal or deletion is being requested to correct an erroneous credit to an employee's bank account and the amount being reversed/deleted is due and owing to Client and (ii) that if a reversal, Client will, on ADP's behalf, inform each affected employee of the requested reversal to their bank account by no later than the "Settlement Date" of the reversal entry and the reason for the reversal. The "Settlement Date" of the reversing entry is generally the pay date of your payroll or the next banking day after ADP's receipt of your request, whichever is later.

NACHA operating rules require that any FSDD reversal instructions must be transmitted to your employee's bank within five banking days after the date of the direct deposit. Therefore, if you need to request FSDD reversals, the request must be submitted to ADP in sufficient time to enable ADP to transmit such FSDD reversal instructions in the time frame required by the NACHA operating rules.

ADP will credit the funds in a timely manner to the employer's account for the amount of the reversal. In the event that ADP credits the employer's account before it is able to determine whether it can collect the funds from the employee's account and such funds are not collectible, ADP may debit the employer's account for the amount that was previously credited. In such event, the employer will be responsible for collecting the funds from the employee directly.

Authorized Client Signature: _____ Date: _____

Up to four FSDD reversals can be entered on this form. Please make copies, complete and sign additional forms if more than four reversals are required. Complete and sign separate forms if reversals are required on additional company codes. Please use one box per individual employee deposit reversal. If an employee has multiple direct deposits to reverse, use multiple boxes.

1 Employee Information:

Employee Name:	_____
Employee #:	_____
Payroll Check Date:	_____
Amount:	\$ _____

2 Employee Information:

Employee Name:	_____
Employee #:	_____
Payroll Check Date:	_____
Amount:	\$ _____

3 Employee Information:

Employee Name:	_____
Employee #:	_____
Payroll Check Date:	_____
Amount:	\$ _____

4 Employee Information:

Employee Name:	_____
Employee #:	_____
Payroll Check Date:	_____
Amount:	\$ _____

FOR ADP USE ONLY: Date: _____ Indicate: ☐ Reversal or ☐ Deletion CASE #: _____