



Full Service Direct Deposit Item Reversal/Deletion Form

Please fax completed form to your ADP Service Representative

Client Code: _____ Client Name: _____

Contact Name: _____ Phone #: _____

Payroll Week #: _____ Payroll Check Date: _____

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.

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 #: _____

ABA #: _____

Account #: _____

Amount: _____

2 Employee Information

Employee Name: _____

Employee #: _____

ABA #: _____

Account #: _____

Amount: _____

3 Employee Information

Employee Name: _____

Employee #: _____

ABA #: _____

Account #: _____

Amount: _____

4 Employee Information

Employee Name: _____

Employee #: _____

ABA #: _____

Account #: _____

Amount: _____

FOR ADP USE ONLY

Date: _____

Circle One: Reversal / Delete

Case #: _____