Full Service Direct Deposit Item Reversal/Deletion Form

Company Code: _____ **Company Name:** _____

Company Contact: _____ **Phone #:** _____

Return Fax Number: _____

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.

****Fax to your ADP Client Service Representative at 770-360-3082.****

 # 1 Deposit Information:

Employee Name: _____
File #: _____
Batch #: _____
Paydate: _____
Tran / ABA #: _____
Account #: _____
Deposit Amount: $ _____

 # 2 Deposit Information:

Employee Name: _____
File #: _____
Batch #: _____
Paydate: _____
Tran / ABA #: _____
Account #: _____
Deposit Amount: $ _____

 # 3 Deposit Information:

Employee Name: _____
File #: _____
Batch #: _____
Paydate: _____
Tran / ABA #: _____
Account #: _____
Deposit Amount: $ _____

 # 4 Deposit Information:

Employee Name: _____
File #: _____
Batch #: _____
Paydate: _____
Tran / ABA #: _____
Account #: _____
Deposit Amount: $ _____

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