



The Smart Way to Pay™

ACH Reversal/Debit Request

Client ID: _____ Client Name: _____

Authorized Contact: _____ Phone: _____

Please issue an ACH Reversal/Debit for the following transaction:

Voucher Number: _____

Amount: \$ _____

Effective Date: _____

Payable to: _____

Name of Bank: _____

Transit Routing #: _____

Account #: _____

Client Account to Return Funds:

Name of Bank: _____

Transit Routing #: _____

Account #: _____

Reason for Reversal/Debit: _____

I certify that the above payment has been made in error and that I have a signed authorization from the employee to issue ACH adjustments. I understand that should the funds be unavailable in the employee's bank account at the time the debit is processed, Client will not be entitled to the funds and will be responsible for all NSF and related processing fees.

Authorized Contact (Signature)

Date