

# IT-PSS Full Service Direct Deposit Item Reversal/Deletion Form

Company Code: \_\_\_\_\_ Company Name: \_\_\_\_\_

Payroll Manager: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Client Name (Print): \_\_\_\_\_

I hereby request IT-PSS to reverse or remove the entries set out below and represents to IT-PSS (I) that each reversal or removal is being requested to correct an erroneous credit to an employee's bank account and the amount being reversed/removed is due and owing to Client and (ii) that if a reversal, Client will, on IT-PSS' 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 IT-PSS' receipt of your request, whichever is later.

If you need to request an Full Service Direct Deposit (FSDD) reversal, the request must be presented to IT-PSS in adequate time to facilitate IT-PSS to transmit such FSDD reversal instructions in the time limit required by the NACHA operating rules. The 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.

## No. 1 Deposit Informa-

Employee Name: _____
Employee File Number: _____
Group Number: _____
Pay date: _____
Tran/ABA #: _____
Account #: _____
Deposit Amount: \$ _____

## No. 2 Deposit Informa-

Employee Name: _____
Employee File Number: _____
Group Number: _____
Pay date: _____
Tran/ABA #: _____
Account #: _____
Deposit Amount: \$ _____

## No. 3 Deposit Informa-

Employee Name: _____
Employee File Number: _____
Group Number: _____
Pay date: _____
Tran/ABA #: _____
Account #: _____
Deposit Amount: \$ _____

## No. 4 Deposit Informa-

Employee Name: _____
Employee File Number: _____
Group Number: _____
Pay date: _____
Tran/ABA #: _____
Account #: _____
Deposit Amount: \$ _____

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.

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorization Client Signature: \_\_\_\_\_ Title: \_\_\_\_\_

For IT-PSS only: Date: \_\_\_\_\_ Indicate: Reversal / Deletion INSTANCE# - \_\_\_\_\_