

OK Agency Name \_\_\_\_\_ OK Agency # \_\_\_\_\_ Date \_\_\_\_\_  
 Payment ID \_\_\_\_\_ Paper Warrant \_\_\_\_\_ Direct Deposit Advice \_\_\_\_\_  
 Approving Officer Title and Signature \_\_\_\_\_ Phone Number \_\_\_\_\_

If a reversal: By submitting this reversal request, the requesting Agency represents and warrants that (a) this reversal is being initiated to correct an Erroneous Entry, as defined in the NACHA Rules, and (b) if this reversal request is submitted more than four (4) banking days after the settlement date of the original entry, the requesting Agency has obtained express authorization for such reversal from the receiver in the same form and manner as would be required for a new entry. Further, the requesting Agency acknowledges that any reversal request that is submitted after such five-day period may be rejected by the Receiving Depository Financial Institution (RDFI) in its sole discretion.

**J.P. MORGAN CHASE ACH SERVICES**

**DELETION, REVERSAL, RECLAIM REQUEST**

Faxes must be received by 4:00 P.M. ET for current day processing.

**Section 1: JPMC ACH Originator Information** *(All fields are mandatory)*

Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Company Name: OKLAHOMA STATE TREASURER'S OFFICE

Company ID: 9STOFKPAY Tel#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Requestor Name: \_\_\_\_\_

I certify that all of the information on this form is true and correct and that I am authorized to submit this form and request the action specified below on behalf of the above Company:

Signature of Requestor: \_\_\_\_\_

**Section 2: Transaction Information** *(All fields are mandatory and must match the original transaction sent to JPMC)*

Receiver's Name: \_\_\_\_\_

Receiver's Account #: \_\_\_\_\_

Receiver's ABA: \_\_\_\_\_

Receiver's Individual ID/WD EmpID#: \_\_\_\_\_

Transaction Effective Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Amount \$ \_\_\_\_\_ . \_\_\_\_\_

**Section 3: Action Requested**

**Deletion:** *(Delete a collection or disbursement that has not been processed by the ACH system)*

- DEBIT DELETION\*       CREDIT DELETION

*\*Due to ACH distribution schedules, Debit Deletions will be processed on a reasonable efforts basis.*

**Reversal:** *(Reverse a collection or disbursement that has been processed by the ACH system)*

REVERSAL CERTIFICATION - *By submitting this reversal request, the requesting Company represents and warrants that (a) this reversal is being initiated to correct an Erroneous Entry, as defined in the NACHA Rules, and (b) if this reversal request is submitted more than five (5) banking days after the settlement date of the original entry, the requesting Company has obtained express authorization for such reversal from the receiver in the same form and manner as would be required for a new entry. Further, the requesting Company acknowledges that any reversal request that is submitted after such five-day period may be rejected by the Receiving Depository Financial Institution (RDFI) in its sole discretion.*

- DEBIT REVERSAL       CREDIT REVERSAL\*\*

**If you are submitting a reversal request, please select one of the following reasons:**

- Reversal of a duplicate entry       Unintended receiver of original entry       Incorrect dollar amount of original entry

**Reclaim:** *(Reclaim a benefit disbursement due to death)*

- RECLAIM\*\* - *By checking this box, you certify that the entry being reversed is a pension, annuity, or other benefit payment that was made to a deceased beneficiary who is no longer entitled to the payment. You also certify that notification of the receiver's death was received within the last five banking days.*

*\*\*Bank credits to your account are provisional and subject to receipt of final payment from the RDFI.*