

ACH RETURN REQUEST

BRANCH _____

TODAY'S DATE _____

Account No.:	Date of Trans:
Amount: \$	<input type="checkbox"/> Credit <input type="checkbox"/> Debit
Company Name:	Trace No.:
Return Reason Code:	Date of Death:

Account No.:	Date of Trans:
Amount: \$	<input type="checkbox"/> Credit <input type="checkbox"/> Debit
Company Name:	Trace No.:
Return Reason Code:	Date of Death:

Account No.:	Date of Trans:
Amount: \$	<input type="checkbox"/> Credit <input type="checkbox"/> Debit
Company Name:	Trace No.:
Return Reason Code:	Date of Death:

Account No.:	Date of Trans:
Amount: \$	<input type="checkbox"/> Credit <input type="checkbox"/> Debit
Company Name:	Trace No.:
Return Reason Code:	Date of Death:

Account No.:	Date of Trans:
Amount: \$	<input type="checkbox"/> Credit <input type="checkbox"/> Debit
Company Name:	Trace No.:
Return Reason Code:	Date of Death:

Commonly used ACH Return Reason Codes

Code	Title	Code	Title
R01	Insufficient Funds	R09	Uncollected Funds
R02	Account Closed	R10	Customer Advises unauthorized, Improper, Ineligible, or incomplete trans
R03	No Account/Unable to Locate Account	R14	Representative Payee Deceased or Incapacity
R04	Invalid Account Number	R15	Beneficiary or Account Holder Deceased
R05	Unauthorized Debit to Consumer Acct Using Corporate SEC Code	R16	Account Frozen/Entry Returned per OFAC Instruction
R07	Authorization Revoked by Customer	R23	Credit Entry Refused by Receiver
R08	Payment Stopped	R29	Corporate Customer Advises Not Authorized