# Correction Request Form

☐ Reg-E Claim          ☐ Transaction Inquiry          ☐ Adjustment Request

Network Name **Must** be Entered to be Processed

*Network Name: _____          *Request Date: _____

*Trans Date: _____          *Trans Time: _____

*Settlement Date: _____          *Sequence No.: _____

*Trans Amount: _____          *Trans Type: ☐ WD ☐ Dep     Acct Type: _____

*Cardholder Number: _____          *Cardholder R&T: _____     *Logo: _____

*Terminal ID: _____     *Terminal R&T: _____     *Terminal Logo: _____

*Terminal Address: _____

| **Initiating Institution** (Claim Requestor) | **Responding Institution** (Claim Responder) |
|---|---|
| ☐ Terminal Owner ☐ Card Issuer | ☐ Terminal Owner ☐ Card Issuer |
| Institution Name: _____ | Institution Name: _____ |
| Logo: _____ | Logo: _____ |
| Address: _____ | Address: _____ |
| City: _____ | City: _____ |
| State: _____ | State: _____ |
| Zip Code: _____ | Zip Code: _____ |
| Telephone: _____ | Telephone: _____ |
| Fax: _____ | Fax: _____ |
| Requested By: _____ | Requested By: _____ |
| ☐ No Currency Dispensed, Transaction Posted | Required Action: |
| ☐ Currency Dispensed, Terminal Not Credited | ☐ No Adjustment Necessary (Documentation attached) |
| ☐ Partial Amount Dispensed (Transaction posted for full amount) | ☐ Check Enclosed |
| Amount Dispensed $ _____ | Comments: _____ |
| ☐ Other: (Please Explain) _____ | _____ |

**RESOLUTION (FOR FISERV INTERNAL USE ONLY)**

☐ No Adjustment Necessary – Documentation attached          ☐ Check Enclosed

☐ ACH Adjustment passed if checked     Date: _____     ACH Number: _____

Comments: _____

Completed by: _____          Date: _____

**\* Indicates Required Field**

In addition to the required fields, please complete the institution information as either the initiator or responder.

**The Transaction Detail from your Institution's CD10 or TD10 Report MUST accompany this form.**

**Please fax all completed documents to the Settlement Department at 973-656-2353.**