

OTCnet Adjustment, Correction or Rescission (ACR) Request Form

Instructions: Please fill in all required fields (*) in addition to the correction fields that apply to the request.

Section 1 – Enter Deposit Information

1. Agency or Financial Institution Name*	
2. Date of Request (MM/DD/YYYY)*	
3. Individual Reference Number (IRN)*	
4. Voucher Number (6 Digits)*	
5. Settlement Date (MM/DD/YYYY)*	
6. Original Agency Location Code (ALC+2)(10 Digits)*	
7. Original Dollar Amount*	
8. Request Type (please specify Debit or Credit)	
9. Corrected Agency Location Code (ALC+2) (10 Digits)	
10. Corrected Dollar Amount	
11. Request Reason (Choose One)	Incorrect: Account Number <input type="checkbox"/> Routing Number <input type="checkbox"/> Check Amount <input type="checkbox"/>
12. Case Type (Choose One)*	
13. Additional Comments:	

Note: (Do not include Personally Identifying Information (PII))
 All routing and account numbers will need to be provided by contacting the Debit Gateway Operations Team directly, see below contact info.

Section 2 – Approving Official from Agency or Financial Institution

The below approving Official certifies that they are duly authorized to request OTCnet adjustments, corrections, or rescissions on behalf of the agency or financial Institution. The Official also agrees to be responsible for the accuracy of the information provided.

The approving official from an agency must have an OTCnet role of Check Capture Supervisor for Check Processing.

Name*		Phone Number*	() -
OTCnet Role*		Date of Request (MM/DD/YY)*	

Please submit this completed request form to the Debit Gateway Operations Team.

Note: This request form must be emailed by the Check Capture Supervisor for Check Processing for requests from agencies to the Debit Gateway Operations Team. The request will not be processed without the proper approval. If the approving Official is unavailable to make the approval, the ACR request will not be processed until one becomes available.

Please contact the Debit Gateway Operations Team for additional assistance:
Email: CLEV.ACR.Requests@clev.frb.org
Phone: 1.800.624.1373 option 6.
Fax: 216.579.2813