



FedACH[®] Services

Contested Dishonored Return Item Exception Fax Form

- * **Mandatory Fields (Mandatory for processing)**
- ** **Required Fields (Required by RDFI to process)**
- *** **Optional Fields**

Section 1: Service Description and Form Instructions

This Exception Fax service is intended as a last resort when the electronic methods are not functional. The Processing Fee for submitting this exception form is listed at frbservices.org. You will receive a call within 24 hours to confirm this transaction. If you do not receive a call, please call **(877) 372-2457**. If you are requesting current day settlement, paper/fax returns must be received by 8:00 a.m. ET; however, the Reserve Banks are not able to guarantee that the item will be processed on the current day. The Reserve Banks will make best efforts, subject to capacity constraints, to process the item but will not input the item into the FedACH application for processing until after the transaction is confirmed through the call back process and the information is released as an ACH file to the FedACH application for processing.

For additional assistance completing and/or submitting this form, please refer to the [instructions](#) and/or contact FedACH and Check Services Customer Support at **(877) 372-2457**.

Fax or email completed forms to ACH Exceptions at:

Fax: (612) 629-4279

Email: achexceptions@atl.frb.org

Section 2: Customer Information

Depository Financial Institution (DFI) Name			
DFI Identification Number (RTN)			
Contact Name for Individual Completing Form	<i>First</i>	<i>MI</i>	<i>Last</i>
Contact Phone Number	<i>Area/Country Code</i>	<i>Phone</i>	<i>Extension</i>
Contact Email Address			

Section 3: Original Item

Any field that contained data on the original item must be completed on this form.

Transaction Code*	
Standard Entry Class (SEC) Code*	
Company Entry Description*	
Original 15 Digit Trace Number*	
DFI Account Number (Receiver's Account Number)**	
Effective Entry Date**	
Dollar Amount*	
Company Name*	
Company Disc Data***	
Company ID*	
Company Descriptive Date***	
Individual ID or Check Serial Number**	
Terminal City (POP items only)*	
Terminal State (POP items only)*	
Discretionary Data or Payment Type Code (Mandatory for WEB and POS items only)*	
Individual or Receiving Company Name**	
Return Reason Code*	
Date of Death (For R14 and R15 returns only)*	

Section 3.1: Initial Return Item

Information from the item you initially returned and was subsequently dishonored.

Return Trace Number*	
Return Item Settlement Date*	

Section 3.2: Dishonor Return Item

Information from the item that was dishonored.

Dishonored Return Reason Code*	
Field Error Addenda Code (For R69 returns only)*	<input type="checkbox"/> 01 - Acct Number <input type="checkbox"/> 02 - Trace Number <input type="checkbox"/> 03 - Dollar Amount <input type="checkbox"/> 04 - Individ. ID <input type="checkbox"/> 05 - Tran Code <input type="checkbox"/> 06 - Company ID <input type="checkbox"/> 07 - Effective Date
Dishonored Return Trace Number*	
Dishonored Return Item Settlement Date*	

Section 3.3: Contested Dishonored Return Item

Original Item Settlement Date*	
Contested Return Reason Code*	
Date Original Item was Returned (For R73 returns only)*	
Corrected Information (For R74 returns only)*	

Federal Reserve Use Only
Application Fee: Paper Web No Charge

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