



FedACH[®] Services

Notification of Change (NOC) 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 833-FRS-SVCS (377-7827).** If you are requesting delivery on current banking day, paper NOCs 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 that 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 the Support Center at (833) FRS-SVCS (377-7827).

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	First	MI	Last
Contact Phone Number	Area/Country Code	Phone	Extension
Contact Email Address			

Section 3: Notification of Change

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

Change Code*	
Transaction Code*	
Company Entry Description*	
Original 15 Digit Trace Number*	
DFI Account Number (Receiver's Account Number)**	
Effective Entry Date**	
Company Name*	
Company Disc Data***	
Company ID*	
Company Descriptive Date***	
Individual ID*	
Discretionary Data or Payment Type Code (Mandatory for WEB items only)*	
Individual or Receiving Company Name*	

Section 3.1: Corrected Date

Change Field 1	
Change Field 2 (Required for C03, C06 & C07)	
Change Field 3 (Required for C07)	

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