



Adjustment, Correction or Rescission (ACR) Instruction Sheet

Updated May 2024

Submitting a Request

1. Select the appropriate ACR request form for Check Processing
2. Fill out ALL required fields (*) in addition to the appropriate correction field (varies per request type). Please fill out all required fields completely and correctly to allow for prompt processing of your request.

Block 1 – Agency or Financial Institution Name.

Block 2 – Enter Date of Request (MM/DD/YY) (Normally today's date).

Block 3 – Enter the Individual Reference Number (IRN) and verify it is correct.

Block 4 – Enter Voucher Number (6 digits).

Block 5 – Enter Settlement Date of item (MM/DD/YY).

Block 6 – Enter Original Agency Location Code (ALC+2) (10 digits).

Block 7 – Enter Original Dollar Amount.

Block 8 – The Request Type field is asking for the type of correction, not the type of the original deposit. Debits and credits are issued in relation to the Federal Agency, not the Financial Institution.

Block 9/10 – Enter Corrected info only into the field appropriate for your request. Please do not enter information into the other Corrected fields.

Block 9 – When requesting a ALC Switch, enter new (ALC+2).

Block 10 – When requesting a Corrected Dollar amount, please use the whole amount for the original transaction and the whole amount for the corrected amount, not the difference.

- Ex: A correction from \$1000 to \$100 uses \$1000 in the original dollar amount and \$100 in the corrected dollar amount, not the \$900 difference.

Block 11 – Request Reason – Select Debit or Credit (if applicable).

Block 12 - Case Type

- **ACH Recall** – An item was processed as an ACH and needs to be returned.
- **Duplicate Transaction Processed/Item Scanned Twice**– An item has been scanned more than once and the duplicate(s) need to be debited.
- **Encoding Error** – The dollar amount was entered incorrectly and needs to be changed.
- **Not Our Item - NOI** – Not Our Item, item processed through incorrect Agency.
- **Represent Photo-in-Lieu** – The agency requests that an item be re-presented for payment.
- **Stop Resubmission Request** – If an item is in the system as being represented and you wish to stop it.
- **Transaction Account Switch** – A single item was processed for the incorrect ALC and needs to be transferred to the correct ALC.
- **Account Switch (ALC Change)** – Multiple items were processed for the incorrect ALC and need to be transferred to the correct ALC.
- **Reversal/Return Item** – If an item has already been processed and you want to return it.
- **Voucher Date Change** – Voucher date needs a correction.

Example:

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*	Bureau of Fiscal Service
2. Date of Request (MM/DD/YYYY)*	05/01/2024
3. Individual Reference Number (IRN)*	123456789101111111
4. Voucher Number (6 Digits)*	123456
5. Settlement Date (MM/DD/YYYY)*	04/01/2024
6. Original Agency Location Code (ALC+2)(10 Digits)*	1111111101
7. Original Dollar Amount*	\$ 1,000.00
8. Request Type (please specify Debit or Credit)	Debit
9. Corrected Agency Location Code (ALC+2) (10 Digits)	
10. Corrected Dollar Amount	\$ 100.00
11. Request Reason (Choose One)	Incorrect: Account Number <input type="checkbox"/> Routing Number <input type="checkbox"/> Check Amount <input checked="" type="checkbox"/>
12. Case Type (Choose One)*	Encoding Error
13. Additional Comments:	
<p>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.</p>	
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.	

- This ACR will debit ALC 11111101 for \$1000.00 against Deposit Voucher 123456 to offset the deposit. Then it will credit ALC 11111101 for \$100.00 against Deposit Voucher 123456 to correct it.
- If, instead of choosing Correct Dollar Amount type, we choose Account Switch type and enter a Corrected ALC of 11111112, it will debit ALC 11111111 for the \$1000.00 in voucher 123456 to offset the original deposit. Then it will credit ALC 11111112 for the \$1000.00 in voucher 123456 to correct it.

Block 13 - Fill in additional comments if needed.

Section 2 - Approving Official from Agency or Financial Institution - Fill in the approving official information.

Note: If original transaction **WAS NOT** processed through OTCnet (i.e. CashLink), attach the ORIGINAL transaction documentation and email to CLEV.ACR.Requests@clev.frb.org

If steps are missed, information is invalid, or all required fields are not completed correctly, the request will be rejected, and a new form will need to be submitted as a brand new request.

Following up on a Request

Call or email the Debit Gateway Operations Team with the case number that was provided in the response email. (Example case number: **123456**). The DG Ops Team will then locate the request and provide the most up to date information regarding that case.

Request Status

A Debit Gateway Operations Team member will send an email when the request has been completed. How long the process takes to complete depends on the type of request. If you have a question on the status of a request, please contact the Debit Gateway Operations Team.

Sample Forms

For an example of a completed Check Processing ACR form, see the below sample forms. Please note that these are just sample forms. When filling out an ACR form, please note that some fields require a specific number of digits.

If assistance is needed filling out the forms, or if you have any questions or concerns, please contact the Debit Gateway Operations Team at 1.800.624.1373 option 6 or via email at CLEV.ACR.Requests@clev.frb.org.

Sincerely,

Debit Gateway Operations Team

Toll free phone: 1.800.624.1373 option 6

Email: CLEV.ACR.Requests@clev.frb.org



Send Form

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*	Bureau of Fiscal Services		
2. Date of Request (MM/DD/YYYY)*	05/01/2024		
3. Individual Reference Number (IRN)*	12356515151515151		
4. Voucher Number (8 Digits)*	123456		
5. Settlement Date (MM/DD/YYYY)*	04/01/2024		
6. Original Agency Location Code (ALC+2)(10 Digits)*	1111111101		
7. Original Dollar Amount*	\$ 105.00		
8. Request Type (please specify Debit or Credit)	Debit		
9. Corrected Agency Location Code (ALC+2) (10 Digits)			
10. Corrected Dollar Amount	\$ 150.00		
11. Request Reason (Choose One)	Incorrect: Account Number <input type="checkbox"/> Routing Number <input type="checkbox"/> Check Amount <input checked="" type="checkbox"/>		
12. Case Type (Choose One)*	Encoding Error		
13. Additional Comments:	<p>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.</p>		
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*	John Smith	Phone Number*	(800) 624 - 1373
Email Address*	John.Smith@email.gov	Date of Request (MM/DD/YY)*	05/01/2024
Please submit this completed request form to the Debit Gateway Operations Team.			
Note: This request form must be emailed by the <u>Check Capture Supervisor for Check Processing</u> 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.			
<p>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</p>			

*Required Fields

Updated: May 2024