



ACH Deletion / Reversal Form

Instructions:

IMPORTANT: Requests must be received no later than 4:00 P.M. (Pacific Time) within five (5) business days of the effective date.

1. Complete the Customer portion of the form. If "Batch" is indicated, it is not necessary to list individual transactions.
2. **Ensure the form is signed by an authorized signer** and the signer's name is printed.
3. Fax to ACH Operations at (866) 963-9983 or achtotals@zionsbancorp.com (email is preferred).
4. A fax or email confirmation will be sent to you upon completion. If this is not received, contact ACH department at (888)-315-2271.

CUSTOMER		BANK USE ONLY	
NAME OF COMPANY		COMPANY ID (TAX ID #)	
COMPANY OFFSET ACCOUNT NUMBER		NAME OF PERSON SUBMITTING REQUEST	
EAMIL ADDRESS	TELEPHONE	FAX NUMBER	
DATE ACH TRANSACTION(S) WERE SENT TO BANK		EFFECTIVE DATE OF TRANSACTION(S)	

DELETE/REVERSE ENTIRE BATCH <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BATCH \$ TOTAL
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DELETE / REVERSE INDIVIDUAL TRANSACTION(S)

Credit = CR Debit = DR	PAYEE NAME	AMOUNT OF ITEM	ACCOUNT NUMBER	ROUTING NUMBER

Please delete or reverse the ACH transaction(s) with the Effective Date and the Sent Date shown above. We understand and agree that California Bank and Trust (the Bank) is under no obligation to honor this request and will only make the best effort to comply with this request. We understand and agree that if, for any reason, the Bank is unable to stop or recover this/these transaction(s), the Bank will have no financial obligation or liability to the Originator. We understand and agree that the Receiving Bank may reject and return the reversal entry(ies) for any reason and this/these will be charged back to the Offset/Chargeback Account. We agree to send appropriate notification of the reversal(s) and the reason(s) thereof to the Receiver(s) no later than the settlement date(s) of the reversing entry(ies). We agree to indemnify and hold harmless the Bank and RDFI from and against any and all claims, demands, loss, liability, or expense including attorney's fees and costs resulting directly or indirectly from the Bank's compliance with our request.

AUTHORIZED SIGNER	PRINTED NAME	DATE

BANK USE ONLY

PROCESSED BY	PROCESSING TYPE – REVERSAL OR DELETION	DATE PROCESSED
FILE NUMBER	BATCH NUMBER	PAR NUMBER
		PAR NUMBER
		PAR NUMBER