

State of Arizona **ACH Payment Reversal Form**

THIS FORM MUST BE SUBMITTED BY THE 5TH BUSINESS DAY FROM THE CLEARED DATE OF THE ACH PAYMENT.

Any reversal requests submitted after this time will not be processed in accordance to NACHA rules. The agency will need to work with the vendor to have the payment returned. If the vendor has a corporate account, the ACH reversal might be rejected.

Requests received after 3:00 p.m. may be processed the following business day

- 1. To reverse an ACH payment made by the State of Arizona, all of the information below must be completed and requestor must have an active A/P Manager Role in AFIS.
- 2. Once completed, email the form to the GAO AFIS Operations Group at: AFIS.Operations@azdoa.gov.

Name - Must be signed or submitted by A/P Manager.			EIN	Agency	
Email			Phone Number		Date
,	ACH Payment Number	Payee/Vendor Name	Amount	Reversal Code***	Reversal Reason (if code 004)
*** Reversal Codes: 001-Incorrect Vendor 002-Incorrect Amount 003-Duplicate Payment 004-Other(be specific in reason) FOR GAO USE ONLY					
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DAY 1:	Verify requestor has A/P Mana	Name:		Date:	
DAY 2:	Verify EFTREV status changed t confirmation file was received.	d BofA Name:		_ Date:	
DAY 6:	Update EFTREV status to 'Reve	rsal Confirmed'	Name:		_ Date:
	Approved	Denied			
	Reason:				
DAY 7:	If approved, verify EFT docume Send Treasury 0337 transfer, a	Name:		_ Date:	