

# ACR Instruction Sheet

## Submitting Request

1. Select appropriate form: Deposit Processing ACR Request Form or Check Processing ACR Request Form
2. Fill out ALL required fields (\*) in addition to the correction fields (which can vary for each request).
3. Select a correction reason box. See explanation of each request below.

### Deposit Processing Requests

- Unauthorized Transaction – Transaction was not authorized by agency or Financial Institution.
- Corrected Dollar Amount – Amount on the voucher is incorrect and needs to be corrected.
- Voucher Date Change – The date on the voucher has been requested to be changed.
- Voucher Number Change – Voucher number needs to be changed.
- CAN Number Change – CashLink Account Number needs changed (CAN Number can be provided by the Financial Institution).
- Account Switch (ALC Change) – Deposit was credited to the incorrect ALC and needs to be transferred to correct ALC.

### Check Processing Requests

- Encoding Error – Item entered into OTCnet with the incorrect dollar amount.
- MICR Correction – the MICR line is incorrect and it needs to be changed.
- Represent as a Photo – in Lieu – The agency requests that an item be represented for payment.
- Transaction Account Switch – A single item was credited to the incorrect ALC and needs to be transferred to another ALC.
- Account Switch (ALC Change) – Multiple items were credited to the incorrect ALC and needs to be transferred to correct ALC.
- Item Scanned Twice – The agency has scanned an item twice and needs one debited.
- ACH Reversal – If an item processed as an ACH needs to be returned.
- Stop Request – If an item is in the system and seen as being Represented and you wish to stop that process.
- Reversal/Return Item – Item has already been processed and needs to be returned.

4. Fill in additional comments if needed.
5. Fill in approving official information.
6. If original transaction WAS NOT processed through OTCnet (I.E. CashLink), attach ORIGINAL transaction documentation to email.
7. Email to [FMS.OTCChannel@citi.com](mailto:FMS.OTCChannel@citi.com)

If steps are missed, information is invalid, or all required fields are not completed correctly (I.E. correct number of digits); request will be rejected. A case will not be created, and a new form will need to be submitted as a brand new request.

## Following up on request

1. Email or call FMS OTC Customer Support Team with the case number that was provided in the response email. (Example case number: S-12345-12345).
2. Customer Service Team will then locate request and will be able to provide the most up to date information regarding that case.

## **Request complete**

Customer Service team member will send an email when request has been completed. Completion date is dependent on request type. If you have a question on the status of a request, please contact FMS OTC Customer Service Team.

## **Sample Forms**

Please see the sample form pages below for a check processing request and a deposit processing request. Please note that these are just sample forms. When filling out the forms, please take notice of the amount of digits that is required for specific fields. If assistance is needed filling out the forms, please contact FMS OTC Customer Service Team.

If you have any questions or concerns, please feel free to contact the Treasury OTC Support Center at 866.945.7920, or via email at [FMS.OTCChannel@citi.com](mailto:FMS.OTCChannel@citi.com).

Sincerely,

Treasury OTC Support Center  
Toll free phone: 866-945-7920  
Toll phone: 302-324-6442  
DSN phone: 510-428-6824, Options 1, 2, 4  
Email: [FMS.OTCChannel@citi.com](mailto:FMS.OTCChannel@citi.com)

**Check Processing - 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 – Check Processing Request	
* Agency Name	Financial Management Services
* Individual Reference Number (IRN)	12345678912345678910
* Original Voucher Number – 6 Digits	123456
* Settlement Date (MM/DD/YY)	01/01/13
* Original Agency Location Code (ALC+2) – 10 Digits	1111111101
* Original Dollar Amount	105.00
* Request Type - please specify Debit (-) or Credit(+)	Credit
Corrected Voucher Date (MM/DD/YY)	
Corrected Agency Location Code (ALC+2) – 10 Digits	
Corrected Dollar Amount	150.00
* Request Reason (Choose One)	<input checked="" type="checkbox"/> Encoding Error <input type="checkbox"/> ACH Reversal <input type="checkbox"/> Stop Request <input type="checkbox"/> Represent as a Photo-in-Lieu <input type="checkbox"/> Reversal/Return Item <input type="checkbox"/> Transaction Account Switch (One check was scanned under wrong ALC) <input type="checkbox"/> Account Switch (Multiple checks were scanned under wrong ALC) <input type="checkbox"/> Item Scanned Twice (Include duplicate IRN in comments field)
Additional Comments	

Section 2 – Approving Official from Agency or Financial Institution			
The below approving Official certifies that he/she is duly authorized to request OTCnet adjustments, corrections, or reversals on behalf of the agency or financial Institution. The Official also agrees to be responsible for the accuracy of the information provided.			
<b>The approving official from an agency must have an OTCnet role of Check Capture Supervisor for Check Processing.</b>			
* Name	John Smith	* Phone Number	866-945-7920
* OTCnet Role	Check Capture Supervisor	* Date MM/DD/YY	04/01/13

**Please submit this completed request form to the Treasury OTC Support Center - [FMS.OTCChannel@Citi.com](mailto:FMS.OTCChannel@Citi.com)**

*Note: This request form must be emailed by the Check Capture Supervisor for Check Processing for requests from agencies to the OTC Support Center. 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.*

Please contact OTC Support Center for additional assistance:  
[FMS.OTCChannel@Citi.com](mailto:FMS.OTCChannel@Citi.com) or 1-866-945-7920  
 \*Required Fields

**Deposit Processing - 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.**

<b>Section 1 – Deposit Processing Request</b>	
* Agency or Financial Institution Name	Financial Management Services
* Original Voucher Number – 6 Digits	123456
* Original Voucher Date (MM/DD/YY)	01/01/13
* Settlement Date (MM/DD/YY)	01/02/13
* Original Agency Location Code (ALC) – 8 Digit	11111111
* Original Dollar Amount	100.00
* Request Type - please specify Debit (-) or Credit (+)	Debit
* Routing Number (RTN) – 9 Digit	123456789
* Cashlink Account Number (CAN) – 6 Digit	012345
Corrected Voucher Number – 6 Digits	
Corrected Voucher Date (MM/DD/YY)	
Corrected Agency Location Code (ALC) – 8 Digit	
Corrected Cashlink Account Number (CAN) – 6 Digit	123456
Corrected Dollar Amount	
* Request Reason (Choose One)	<input type="checkbox"/> Unauthorized Transaction <input type="checkbox"/> Correct Dollar Amount <input type="checkbox"/> Voucher Date Change <input type="checkbox"/> Voucher Number Change <input checked="" type="checkbox"/> Change CAN <input type="checkbox"/> Account Switch (ALC Change)
Additional Comments	

<b>Section 2 – Approving Official from Agency or Financial Institution</b>			
The below approving Official certifies that he/she is duly authorized to request OTCnet adjustments, corrections, or reversals on behalf of the agency or financial Institution. The Official also agrees to be responsible for the accuracy of the information provided.			
<b>The approving official from an agency must have an OTCnet role of Deposit Approver for Deposit Processing. The approving official from a Financial Institution must have an OTCnet role of Deposit Confirmer.</b>			
* Name	John Smith	* Phone Number	866-945-7920
* OTCnet Role	Deposit Approver	* Date MM/DD/YY	04/01/13

**Please submit this completed request form to the Treasury OTC Support Center - [FMS.OTCChannel@Citi.com](mailto:FMS.OTCChannel@Citi.com)**

*Note: This request form must be emailed by the Deposit Approver for Deposit Processing requests from agencies or by the Deposit Confirmer for requests from Financial Institutions to the OTC Support Center. 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.*

Please contact OTC Support Center for additional assistance:  
[FMS.OTCChannel@Citi.com](mailto:FMS.OTCChannel@Citi.com) or 1-866-945-7920  
 \* Required Fields