

# Payment Reversal Request Form

## Requestor Information:

- **Name:** \_\_\_\_\_
- **Department/Unit:** \_\_\_\_\_
- **Contact Information:** Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_

## Transaction Details:

- **Original Payment Date:** \_\_\_\_\_
- **Transaction ID:** \_\_\_\_\_
- **Amount:** \$ \_\_\_\_\_
- **Payment Method:** (Check, Wire, ACH, Credit Card) \_\_\_\_\_

## Reason for Reversal:

- Payment error
- Incorrect amount
- Duplicate payment
- Unauthorized transaction
- Other: \_\_\_\_\_

## Detailed Explanation of Reason for Reversal:

## Original Recipient Information:

- **Name:** \_\_\_\_\_
- **Account Number:** \_\_\_\_\_
- **Bank Name:** \_\_\_\_\_
- **Routing Number:** \_\_\_\_\_

**Supporting Documentation Attached:**

- Copy of original payment receipt or confirmation
- Bank statement showing transaction
- Correspondence related to the payment issue
- Other: \_\_\_\_\_

**Approval:**

- Requested by: \_\_\_\_\_ Date: \_\_\_\_\_
- Approved by: \_\_\_\_\_ Date: \_\_\_\_\_
  - Position/Title: \_\_\_\_\_

**Office Use Only:**

- Received by: \_\_\_\_\_ Date: \_\_\_\_\_
- Reversal Processed by: \_\_\_\_\_ Date: \_\_\_\_\_
- New Transaction ID (if applicable): \_\_\_\_\_

**Notes/Comments:**