
National System of Fines – Report of Possible ACH Rules Violation

Completed form and necessary documentation should be returned to:

Compliance Department, Nacha, 11951 Freedom Drive, Suite 1001, Reston, Virginia 20190
Phone: (703) 561-1100 Fax: (703) 561-0819 Internet submission: <https://www.Nacha.org/violation>

RECEIVING DEPOSITORY FINANCIAL INSTITUTION

RDFI Name _____ RDFI Routing Number _____
RDFI Contact _____ Title _____
Street Address _____ City/State/Zip _____
Telephone (_____) _____ Fax (_____) _____ Email _____
Regional Payments Association Member? Yes No If yes, specify association: _____
 Submitter of Violation Report

ORIGINATING DEPOSITORY FINANCIAL INSTITUTION

ODFI Name _____ ODFI Routing Number _____
ODFI Contact _____ Title _____
Street Address _____ City/State/Zip _____
Telephone (_____) _____ Fax (_____) _____ Email _____
Regional Payments Association Member? Yes No If yes, specify association: _____
 Submitter of Violation Report

ORIGINATOR

Originator Name _____ Company ID Number _____
Street Address _____ City/State/Zip _____
Telephone (_____) _____ Fax (_____) _____ Email _____

IF OTHER ACH PARTICIPANT, COMPLETE THIS SECTION

ACH Operator Third-Party Service Provider Receiver (Please check appropriate box)
Company _____
Contact _____ Title _____
Street Address _____ City/State/Zip _____
Telephone (_____) _____ Fax (_____) _____ Email _____

DESCRIPTION OF RULES VIOLATION

Standard Entry Class Code for Entry _____ Transaction Code _____
Settlement Date _____ Dollar Amount _____
Trace Number _____ Account Number _____
Date of Alleged Rules Violation (if different from Settlement Date above) _____
Article and Section of Nacha Operating Rules alleged to have been violated (required) _____

Describe the precise nature of the alleged ACH rules violation. Appropriate documentation of the alleged rules violation must be provided.

Printed Name of Complainant _____ Title _____ Date _____

Signature of Complainant _____