



**Department of Veterans Affairs  
Financial Services Center  
PO Box 149975  
Austin, TX 78714**

November 27, 2017

BANK NAME HERE  
ATTN: ACH DEPARTMENT  
100 Street Name  
Bank City, BC XXXXX

ACH Department:

The Department of Veterans Affairs Financial Services Center is requesting the reversal of the following electronic funds transfer. Payment was transmitted to payee and is not entitled to the payment. The payment information is:

Vendor name: VENDOR NAME HERE  
Tax identification number: XXXXXXXXXX  
ABA number: XXXX  
Account number: XXXX

<u>Trace Number</u>	<u>Amount</u>	<u>Deposit Date</u>
MMDDYYYY10103615TRACE#	\$110,000.00	MMDDYYY

VA agrees to indemnify *BANK OF AMERICA* of any liability in acting in compliance with this request.

We thank you for your assistance and if you have any questions, please call *YOUR NAME* at *XXX.XXX.XXXX*.

Sincerely,

*Your Name*