

In this form, *you* and *your* mean the customer and *we*, *our*, *us* and *the Bank* mean Scotiabank, The Bank of Nova Scotia.

**Customer Name:** \_\_\_\_\_ **Agreement / Originator Number: SD** \_\_\_\_\_

**Request Type:**    **RECALL**    **REVERSAL**    **TRACE**  
(Select only one)

**Item – This is a single transaction that can be Recalled, Reversed or Traced**

File Creation Number	File Creation Date YY/MM/DD	Currency <input type="checkbox"/> CAD <input type="checkbox"/> USD	Item Trace Number For Bank Use Only		
Recipient / Payor Name		Cross Reference Number (Ensure Cross Reference Number contains all spaces, zeros, dashes and alpha characters exactly as input)			
Destination Financial Institution Number	Destination Transit Number	Destination Account Number	Credit/Debit <input type="checkbox"/> C <input type="checkbox"/> D	Due Date YY/MM/DD	Payment Amount <b>\$</b>

**Group – This is a range of transactions that can be Recalled or Reversed (Trace not available)**

File Creation Number	File Creation Date YY/MM/DD	Currency <input type="checkbox"/> CAD <input type="checkbox"/> USD	Total number of Transactions in Group	Total Group Amount <b>\$</b>
Choose only one of the ranges below				
<input type="checkbox"/> Cross Reference Number: FROM (Ensure Cross Reference Number contains all spaces, zeros, dashes and alpha characters exactly as input)		<input type="checkbox"/> Cross Reference Number: TO (Ensure Cross Reference Number contains all spaces, zeros, dashes and alpha characters exactly as input)		
<input type="checkbox"/> Amount: FROM <b>\$</b>		<input type="checkbox"/> Amount: TO <b>\$</b>		
<input type="checkbox"/> Due Date: FROM YY/MM/DD		<input type="checkbox"/> Due Date: TO YY/MM/DD		

**File – These are all transactions within a file that can be Recalled or Reversed (Trace not available)**

File Creation Number	File Creation Date YY/MM/DD	Currency <input type="checkbox"/> CAD <input type="checkbox"/> USD	Total Transactions in File	Total File Amount <b>\$</b>
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The above INFORMATION CAN BE OBTAINED FROM YOUR ORIGINAL PAYMENT RECORDS AND REPORTS. You acknowledge the provision of established Service Charges for Recalls, Reversals and Traces are based on the original transaction/file information being provided. Insufficient data may result in a surcharge.

**PROCESSING INSTRUCTIONS**

1. You must complete and fax to initiate a Recall, Reversal or Trace request. Form must be signed by an authorized person designated in the Service Request.
2. A Confirmation Number, acknowledging receipt of Recall or Reversal will be issued within 30 minutes and Traces within 48 hours. If not received, please telephone us immediately.
3. Recalls, Reversals and Traces are actioned based on the Canadian Payment Association AFT rules and are processed on a best efforts basis by Scotiabank.

**RECALL**

Recalls are dependent upon when the transaction was sent to Scotiabank and the transaction's due date, therefore are processed on a best efforts basis.

**REVERSAL**

In order to ensure that you understand the risk in reversing transactions, please review the following:

- Once Scotiabank has released a transaction to the destination financial institution for processing, it cannot be Recalled; however, if you have the designated recipient's authority to process a reversing (Reversal) entry (debit or credit) you may do so within three (3) days of the payments original posting date.
- This correcting transaction carries no deemed 'finality' with it. It is the same as any other transaction you may initiate. This functionality should not be exercised without the knowledge of the intended recipient, as the original transaction will have already been posted to their account and they may have already instructed their financial institution to return the original transaction and/or, the intended recipient may also advise their financial institution to return this reversing entry.

**TRACE**

A Trace request can be initiated up to one (1) year after a payment's due date and may take two (2) to ten (10) business days to resolve.

**Medium for Response and Customer Authorization**

<input type="checkbox"/> Fax Number	<input type="checkbox"/> E-mail Address	<input type="checkbox"/> Telephone Number	Contact Name
<input type="checkbox"/> I have read and understood the above Request form and accept the terms and conditions.			
Authorized Customer Name (Please Print)	Date (YY/MM/DD)	Telephone Number	Authorized Customer Signature

**Fax to: 1-800-899-7605**

**Service in English**  
1-800-899-7590 (Toll Free)  
416-288-6995 (Local)

**Service in French**  
1-800-899-7585 (Toll Free)  
416-288-6993 (Local)