

Written Statement of Unauthorized Debit (ACH)**Account/Transaction Information**

Full Name:
Account Number:
Amount of Debit:
Date Debit Posted to Account:
Originator/Company/Third Party Payee Debiting the Account:

Statement

I (the undersigned) hereby attest that (i) I have reviewed the circumstances of the above electronic (ACH) debit to my account, (ii) the debit was not authorized or improper, and (iii) the following, to the best of my ability to identify, is the reason for that conclusion. Check only one box and the indented box, unless optional is indicated.

- ☐ I did not authorize the party listed above to debit my account (R10)
- ☐ I wish to stop any future debits from this party (optional- check this box if you want to stop future debits)
- ☐ I revoked the payment authorization I had given to the party to debit my account before the debit was initiated. (R07)
- ☐ I wish to stop any future debits from this party (optional- check this box if you want to stop future debits)
- ☐ I advise the entry is not in accordance with the terms of the authorization. (R11)
- ☐ My account was debited before the date I authorized.
- ☐ My account was debited for an amount other than what I authorized.
- ☐ My account was debited twice for the same transaction.
- ☐ I authorized the debit, but the company has not credited my account with them. (R11)
- ☐ My check was improperly processed electronically.
- ☐ The original paper check cleared as well as an electronic version. (R37)
- ☐ I opted out of electronic check conversion or notice was not given that my check would be converted. (R11)
- ☐ The amount debited does not accurately reflect the written amount of the check. (R11)

Signature

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the debit above was not originated with fraudulent intent by me or any person acting in concert with me. I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Printed Name_____
Signature_____
Date

FOR CREDIT UNION USE	Processed by:	Date:
	Company Name:	Trace #: