



411 Theodore Fremd Avenue • Suite 350 • Rye, NY 10580-1426 • 800.431.2754 • usalliance.org

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, and (iii) the following, to the best of my ability to identify, is the reason for that conclusion:

- I did not authorize the party listed above to debit my account.
- I revoked the recurring payment authorization I had given to the party to debit my account before the debit was initiated.
- I wish to stop any future debits connected with this revoked authorization.
- My account was debited before the date I authorized.
- My account was debited for an amount other than what I authorized.
- My check was improperly processed electronically.

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.

Signature

Date

FOR CREDIT UNION USE

Processed By _____

Date _____

Company ID# _____

Company Name _____

Trace # _____