## WRITTEN STATEMENT OF UNAUTHORIZED DEBIT (ACH)



1. Account/Transaction Information		
Member Name		
Member Number		
Date of Debit		
Party Debiting the Account		
2. Statement		
I (the undersigned) hereby attest that (i) I have reviewed the account; (ii) the debit was not authorized or did not conforbest of my ability to identify, is the reason for that conclusions.	rm to the terms of my authorizat	
I did not authorize the debit to my account.		
☐I do not know or did not authorize the party listed above	ve to debit my account.	
☐ The signature of a check that was processed electronical	lly is not my signature.	
I authorized the party listed above to debit my account, but	at the entry does not conform to	the terms of my authorization.
$\square$ My account was debited before the date that I authorize	ed.	
$\hfill \square My$ account was debited for an amount different than $I$	authorized.	
$\square$ My account was debited by an authorized third party, b instructed.	ut that third party failed to make	my payment as
☐ My check was improperly processed electronically.		
$\Box A$ debit to my account that was previously returned was	improperly reinitiated.	
☐A debit to my account was an improper reversal.		
I authorized the party listed above to debit my account, but	ıt:	
□ I revoked the authorization I had given to the party to d	lebit my account before the debi	t was initiated.
☐ Other (must specify):		
-		<u> </u>
<b>3. Signature</b> I am an authorized signer, or otherwise have authority to a debit above was not originated with fraudulent intent by many I have read this statement in its entirety and attest that the	ne or any person acting in concer	t with me.
Any intentional attempt to obtain money from a financial may result in the imposition of fines up to \$1,000,000, or Federal law (18 U.S.C. §1344).	• •	
Signature	Date	
For Cred	dit Union use only:	_
Written* Claim Received by:		Time:
*Verbal claims are not allowed.		
Returned ACH Placed by:	Date:	Time: