



# Written Statement of Unauthorized Debit - ACH

## Account/Transaction Information

Member Name: \_\_\_\_\_

Member Number: \_\_\_\_\_

Amount of Debit: \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_

Company Name: \_\_\_\_\_

## 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 company listed above to debit my account.
- I revoked the recurring payment authorization I had given to the company to debit my account before the debit was initiated.  
*Can include pre-authorized payments or deposits (PPD), international ACH transactions (IAT) or recurring internet-authorized entries (WEB).*
- I wish to stop any further debits connected with this revoked authorization. (\$25.00 stop pay fee)
- My account was debited before the date I authorized.
- My account was debited for an amount different from what I authorized.
- My check was improperly processed electronically.
- Other (specify) \_\_\_\_\_

## 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.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Credit Union use only:		
Received by (MSR/FSR): _____	Date: _____	Time: _____
Returned by: _____	Date: _____	