

Written Statement of Unauthorized Debit (ACH)

Account/Transaction Information

Name: _____
Member Number: _____ Suffix: _____
Amount of Debit: _____ Date of Debit: _____
Party 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 did not conform to the terms of my authorization; (iii) have attempted to contact the above referenced debiting party and the matter remains unresolved, and (iv) the following, to the best of my ability, is the reason for that conclusion.

I did not authorize the debit to my account. (R10)

____ I do not know or did not authorize the party listed above to debit my account.
____ The signature of a check that was processed electronically is not my signature.

I authorized the party listed about to debit my account, but the entry does not conform to the terms of my authorization. (R11)

____ My account was debited before the date that I authorized.
____ My account was debited for an amount different than I authorized.
____ My account was debited by an authorized third part, but the third party failed to make my payment as instructed.
____ My check was improperly processed electronically.
____ A debit to my account that was previously returned was improperly reinitiated.

I authorized the party listed above to debit my account, but: (R07)

____ I revoked the authorization I had given to the party to debit my account before the debit was initiated.
____ Other (must specify) _____

Signature

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the credit 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 _____
Employee _____