



Written Statement of Unauthorized Debit (ACH)

For security purposes, please return this form in person or by mail. Do not send it by email.

Member Name _____

Member # _____

Merchant _____

Amount of Debit

Date of Debit

Statement

I (the undersigned) hereby attest that (1) I have reviewed the circumstances of the above transaction(s) debited to my account; (2) the debit was not authorized, or did not conform to the terms of my authorization; and (3) the following, to the best of my ability to identify, is the reason for that conclusion.

I did not authorize the debit to my account.

- 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 above to debit my account, but the entry does not conform to the terms of my authorization.

- 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 party, but that 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.
- My account was debited more than once for the same entry.

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

- I revoked the authorization I had given to the party to debit by 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 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 _____

Employee Signature _____

Date _____