

Written Statement of Unauthorized Debit (ACH)

1. ACCOUNT/TRANSACTION INFORMATION	
Name:	
Account Number	
Amount of Debit	
Date of Debit	
Party Debiting the Account:	
2. STATEMENT	
I (the undersigned) hereby attest that (i) I have reviewed the circumstances of the above electronic (ACH) of authorized, or did not conform to the terms of my authorization; and (iii) the following, to the best of my 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	e terms of my authorization.
 My account was debited before the date that I authorized. My account was debited for an amount different that I authorized. My account was debited by an authorized third party, but that third party failed to make my My check was improperly processed electronically. A debit to my account that was previously returned was improperly reinitiated. A debit to my account was an improper reversal. 	payment as instructed
I authorized the party listed above to debit my account, but:	
☐ I revoked the authorization I had given to the party to debit my account before the debit was initiated. ☐ Other (must specify)	
	
3. SIGNATURE	
I am an authorized signer; or otherwise have authority to act, on the account identified in this state 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.	
Any intentional attempt to obtain money from a financial institution by misrepresenting wheth result in the imposition of fines up to \$1,000,000, or imprisonment up to 30 years, or both uno U.S.C.1344).	
DATE (MM/DD/YY) CUSTOMER/MEMBER AUTHORIZED SIGNATURE PRINT NAME	PHONE NUMBER
DATE (MM/DD/VV) CUSTOMED/MEMBED AUTHODIZED SIGNATURE DRINT NAME	DHONE NI IMBED