



**WHEN COMPLETE, PLEASE FAX
BACK TO 323-874-1397**

WRITTEN STATEMENT OF UNAUTHORIZED DEBIT (ACH)

ACCOUNT/TRANSACTION INFORMATION

Full Name: _____

Account Number: _____

Amount of Debit: _____

Date Debit Posted to Account: _____

Party Debiting the Account: _____

STATEMENT

I (the undersigned) hereby attest that (1) I have reviewed the circumstances of the above electronic (ACH) debit to my account, (2) the debit was not authorized, and (3) the following, to the best of my ability to identify, is the reason for that conclusion:

- I did not authorize the party listed above to debit my account.
- I revoked the authorization I had given to the party to debit my account before the debit was initiated.
- My account was debited before the date I authorized.
- My account was debited for an amount different than 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.

Signature

Date

Credit Union Use Only - Required

Received by Branch/Department	Teller ID # and Name:	Date: