



WRITTEN STATEMENT OF UNAUTHORIZED DEBIT (ACH)

ACCOUNT / TRANSACTION INFORMATION

Name _____ Account Number _____

Amount of Debit \$ _____ Date of Debit _____

Party Debiting Account _____
(as identified in account history)

STATEMENT

By signing this Statement, I acknowledge that:

- 1) I have reviewed the circumstances of the above electronic (ACH) debit to my account,
- 2) the debit was not authorized,
- 3) the reason checked below is why the debit was not authorized.

- _____ 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 (must be specific with details) _____
- _____
- _____
- _____
- _____

SIGNATURE (all joint members must review and agree with the content of this Statement)

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 in this Statement is true and correct.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____