

Written Statement of Unauthorized Debit (ACH)

Name:		Account Number:	
Amount of Debit:		Date of Debit:	
Amount of Debit:		Date of Debit:	
Amount of Debit:		Date of Debit:	
Amount of Debit:		Date of Debit:	
Party Debiting the Accoun	nt:		
electronic (ACH) debit to my active best of my ability to identify I did not authorize I revoked the authorize before the debit was dead to make the second was important to make t	the party listed or ization I had as initiated. ebited before the bited for an arroperly process nity One was	d above to debit my account. given to the party to debit my ac the date I authorized. amount different than I authorized	ccount d.
this statement. I attest that the d or any person acting in concert	lebit above wo t with me.	e authority to act, on the account as not originated with fraudulent attest that the information provide	intent by me
Signature		Date	
•		*******	*****
	CREDIT UNIO	N USE ONLY	
Employee Name	Date	Processed by	Date