

WRITTEN STATEMENT OF UNAUTHORIZED DEBIT (ACH)

MEMBER ACCOUNT & TRANSACTION INFORMATION

Name:	Account Number:
Phone:	Email:
Preferred form of Contact (select one): Phone Text Email	
Amount of Debit:	Date of Debit:
Name of Payee/Party Debiting the Account:	

MEMBER STATEMENT

I, the undersigned, hereby confirm that (i) I have reviewed the circumstances of the above electronic (ACH) debit to my account, (ii) the debit was not authorized, and (iii) the following, to the best of my ability to identify, is the reason for that conclusion: (select one)

I did not authorize the party listed above to debit my credit union account.

I revoked the authorization I had given to the party to debit my account in the manner specified in their authorization 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 specify below):

MEMBER SIGNATURE

I am an authorized signer or have legal authority to act on the account identified in this statement. I confirm that the debit listed above was not originated with fraudulent intent by me or any person acting in concert with me. I hereby authorize the credit union to verify the information provided and investigate my claim accordingly. I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

_____ Date: _____
 Member's Signature Authorization

For Credit Union Use Only	For ESO Use Only
Date Received: _____	Date Received: _____
By: _____	By: _____
My Telephone #: _____	Date Entered: _____
	By: _____