

WRITTEN STATEMENT OF UNAUTHORIZED DEBIT (ACH)

Member Account and Transaction Information	
Name (printed):	
Account Number:	Daytime Phone: ()
Amount of Debit: \$	Date of Debit: / /
Name of Payee/Party debiting the account:	
Member Statement	
, , , , , , , , , , , , , , , , , , , ,	the circumstances of the above electronic (ACH) debit to my terms of my authorization; and (iii) the following, to the best choose only one of the following):
I did not authorize the debit to my account. (R10)	
I do not know or did not authorize the payee/party listed above to debit my account.	
☐ The signature of a check that was processed electron	nically is not my signature.
I authorized the party listed above to debit my account, but	t the entry does not conform to the terms of my
authorization. (R11)	
My account was debited before the date I authorized	
My account was debited for an amount different tha	
My account was debited by an authorized third party, but that third party failed to make my payment as instructed.	
My check was improperly processed electronically.	
A debit to my account that was previously returned v	was improperly reinitiated.
I authorized the party listed above to debit my account, but I revoked the authorization I had given to the party t Other (must specify below):	to debit my account before the debit was initiated. (R07)
Member Signature	
•	, on the account identified in this statement. I attest that the
	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:
For Credit Union Use Only	For ESO Use Only
Data Basainadi.	Data Baselined
Date Received://	Date Received://
By: My Tel #:	By: Date Entered://
	By:

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