

Written Statement of Unauthorized ACH Debit

Please complete this form for unauthorized or improper ACH/Electronic Funds Transfer debit entries being deducted from your account. Pursuant to ACH Rules, this form must be completed in sufficient time of 60 days to return the entry indicated below. Completing this form will not place a stop payment on future transactions from this company but will dispute the transaction detailed below. Please note, if approved, it may take several business days to receive the refund in your account.

Account/Transaction Information

Name: _____

Account Number: _____

Amount of Debit: _____ Date of Debit: _____

Company Name and ACH ID debiting Account: _____

Statement

I (the undersigned) hereby attest that (i) I have reviewed the circumstances of the above electronic debit to my account; (ii) the debit was not authorized or did not conform to the terms of my authorization; and (iii) the following, to the best of my ability to identify, is the reason for that conclusion.

1. I did not authorize the debit to my account:

- I do not know or did not authorize the company listed above to debit my account.
- The signature of a check that was processed electronically is not my signature.

2. I authorized the party listed above to debit my account, but the entry does not conform to the terms of my authorization.

- My account was debited before the date that I authorized.
- My account was debited for an amount different than I authorized.
- My account was debited by 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 was improperly reinitiated.
- A debit to my account was an improper reversal.

3. I authorized the party listed above to debit my account, but:

- I revoked the authorization I had given to the party to debit my account before the debit was initiated.
- Other (must specify): _____

Signature

I further declare that the debit entry was not originated with fraudulent intent by me or any person acting in concert with me and that the signature below is my own signature. If requested by the Originating Depository Financial Institution (ODFI), I agree that a copy of this statement may be provided. I assert that I am an authorized signer or the owner/officer of the business and/or have the authority to act on the account and that this Written Statement of Unauthorized Debit is true and correct.

Signature: _____ Date: _____