

Written Statement of Unauthorized ACH Debit

Name _____

Account Number _____ Amount of Debit \$ _____ Date of Debit _____

Company Debiting the Account _____

Statement

I (the undersigned) hereby attest that (i) I have reviewed the circumstances of the above electronic (ACH) debit to my account, (ii) the debit was unauthorized, and (iii) the following, to the best of my ability to identify, is the reason for that conclusion:

(Please select the option that best fits your reason for dispute.)

- I did not authorize the party listed above to debit my account.
- I revoked 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 (Check one of the following)

For ARC, POP, and BOC Entries Only

- The debit was not properly authorized by the party listed above in accordance with the requirements of the *ACH Rules*.
- The check was ineligible to be initiated as an ARC, POP, or BOC entry.
- The amount of the ARC, POP, or BOC entry was not accurately obtained from the check.
- Both the check and the ARC, POP, or BOC entry to which it relates have been presented for payment.

For RCK Entries Only

- The check was ineligible to be initiated as an RCK entry.
- Notice was not provided by the party listed above in accordance with the requirements of the *ACH Rules*.
- Signatures on the check to which the RCK entry relates were not authentic or authorized, or the check was altered.
- The amount of the RCK entry was not accurately obtained from the check.
- Both the RCK and the check to which the RCK entry relates have been presented for payment.

Signature

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 on this statement is true and correct.

Date _____ Account Holder Signature _____ Print Name _____

For Financial Institution Use Only

Accepted by _____ Date _____

Date Returned _____