



WRITTEN STATEMENT OF UNAUTHORIZED DEBIT (ACH)

Any intentional attempt to obtain money from a financial institution by representing whether a transaction was authorized may result in the imposition of fines up to \$1,000,000 or imprisonment up to 30 years, or both under the provisions of Federal law.

Account / Transaction Information

Name \_\_\_\_\_ Account Number \_\_\_\_\_
Amount of Debit \_\_\_\_\_ Date of Debit \_\_\_\_\_
Party 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 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.

I did not authorize the debit to my account.

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

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 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 was improperly reinitiated.
A debit to my account was an improper reversal.

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 am an authorized signer, or otherwise have the 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 understand that if this form is not filled out completely and returned within 60 calendar days of the transaction that the item can no longer be refunded to me.

I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*CREDIT UNION USE ONLY\*\*\*\*\*
Employee Signature \_\_\_\_\_ Date / Time \_\_\_\_\_

## INSTRUCTIONS

- There must be a separate form filled out for each disputed transaction.
- Please fill out each section completely and sign the form or the form will be returned to you as incomplete.
- This form must be completed and returned to Unity One within 60 calendar days of the transaction.

**Section 1 – Account Information** - the statement must have the member's name, account number, amount of the debit, the date the debit posted to the account and the payee name debiting the account.

**Section 2 – Statement** – the member must state the reason the debit is unauthorized to the best of their ability. A reason must be provided in this section, but only one box may be selected in order for this form to be considered complete. The reasons on this form correspond to the reasons provided by the NACHA Operating Rules, but a selection for the 'Other' is provided as well. If 'Other' is selected, additional information must be provided, or the form will not be considered complete.

**Section 3 – Signature** – the form must be signed and dated by the member. The date must be on or after the date of the debit indicated in Section 1.

Once the form is complete and returned to the credit union, the disputed transaction will be returned, and the funds credited to the account listed within one (1) business day.