

# Written Statement of Unauthorized Debit (ACH)

2625 Corporate Place, Monterey Park, CA 91754-7645  
Mailing Address: P.O. Box 30831, Los Angeles, CA 90030-0831  
800-222-1226, FAFCU.org



## Account/Transaction Information

Full Name : \_\_\_\_\_  
Account Number : \_\_\_\_\_  
Amount of Debit : \_\_\_\_\_  
Date Debit Posted to Account : \_\_\_\_\_  
Party/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 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:

Note: An ACH or Preauthorized transaction cannot be returned due to a defect in the goods or services provided by the company

- I did not authorize the party listed above to debit my account
- I revoked the recurring payment authorization I had given to the party to debit my account before the debit was initiated. I revoked authorization on \_\_\_\_\_

Can include pre-authorized payments or deposits (PPD), international ACH transactions (IAT) or recurring internet-authorized entries (WEB).

- I wish to stop any future debits connected with this revoked authorization.
- My account was debited before the date I authorized
- My account was debited for an amount different from what I authorized
- My check was improperly processed electronically
- Other (specify) \_\_\_\_\_

## 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.

Any intentional attempt to obtain money from a financial institution by misrepresenting 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 (18 U.S.C §1344).

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Federally insured  
by **NCUA**