

CHESSIE FEDERAL CREDIT UNION

Written Statement of Unauthorized Debit (ACH)

Automated Clearing House (ACH) rules state that a Written Statement of Unauthorized Debit must be obtained before an unauthorized debit may be returned. **Please complete a separate form for each amount and/or payee.**

I (the undersigned) hereby attest that I have reviewed the circumstances of the electronic (ACH) debit to my account as listed below. The debit was unauthorized, revoked, improper or incomplete.

Account & Transaction Information

Member Name			
Account Number		Checking	Savings
Party Debiting Account (Payee)			
Amount of Debit	\$	Date (s) of Debit	

Please Select only ONE appropriate reason for your request:

_____ **The ACH debit was unauthorized:** Select one below:

_____ I never authorized the above payee to debit funds from my account.

_____ My account was debited for a different amount than I authorized. Amount authorized was \$ _____

_____ My account was debited before the date I authorized. Debit authorized no earlier than _____

_____ **The authorization for the ACH debit was revoked:** I authorized the ACH debit, but revoked the authorization, in accordance with my agreement with the Payee named above, prior to the date the debit posted to my account. Date authorization revoked _____

_____ **Incomplete Transaction:** I authorized the ACH debit, but the payee did not receive the funds.

_____ **The check I wrote was improperly converted to an ACH debit:** The following are scenarios that could be considered as improper conversions of your check:

- Both my check and an ACH debit were presented for payment from your account.
- I did not receive a notice stating that my check may be converted or re-presented as an ACH debit.
- My check that was converted to an ACH debit was altered, the signatures were not authentic or authorized, or the amount used was not the same as the written check amount.

Signature

I certify that I am an authorized signer, or otherwise have authority to act, on the account identified in this statement, that the debit above was not originated with fraudulent intent, by me or any person acting in concert with me, and that the signature below is my own proper signature. I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Signature		Date	
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Note: Payments past 60 days are not be able to be recovered.

For Credit Union Use Only

Acknowledged by Chessie Federal Credit Union:

Employee		Branch		Date	
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Processed by ACH Department:

Employee		Date	
Return Code		Unauthorized Setup	Expiration Date