



WRITTEN STATEMENT OF UNAUTHORIZED DEBIT (ACH)
ONE FORM PER TRANSACTION REQUIRED

1. ACCOUNT/TRANSACTION INFORMATION

Name:
Account Number:
Amount of Debit:
Date of Debit:
Party Debiting the Account:

2. STATEMENT

I, hereby attest that (1) I have reviewed the circumstances of the above electronic (ACH) debit to my account; (2) the debit was not authorized, or did not confirm to the terms of my authorization; and (3) 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 authorizations.

- My account was debited before the date 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 re-initiated.

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)

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

Signature Date