

Written Statement Of Unauthorized Debit

Automated Clearing House (ACH)



Name(s) _____ Date _____
Address _____
Phone Number _____ Work Number _____
Account Number _____ Type of Account _____

I have reviewed the statement or other notification from Andrews Federal Credit Union indicating that an electric (ACH) debit originated by the company known as _____ (the "Originator") was charged to my account number _____ on _____ in the amount of \$ _____ and I attest that the debit was unauthorized, improper, or the authorization was previously revoked.

1. I have truthfully and correctly completed the corresponding section(s) of this form indicating the type of unauthorized activity pertaining to my request.
2. The amount stated in the description of unauthorized activity is justly due to me. I have made this Written Statement of Unauthorized Debit voluntarily, and for the purpose of obtaining the described amount and establishing the fact of unauthorized activity.
3. I agree to reimburse Andrews Federal Credit Union (the "Credit Union") for any amount of money credited to me plus any costs and losses incurred by the Credit Union as a result of my making this Written Statement of Unauthorized Debit to the Credit Union, if it is found that I have made any material mistakes or misrepresentations in this statement.
4. This statement is not effective for 24 hours after receipt by the Credit Union and is not binding unless all information supplied by me is correct.
5. No withdrawal or cancellation of this statement shall be valid unless in writing and processed by the Credit Union.
6. I agree that if it applies, I have revoked any previous authorization given to the Originator in the manner specified in the agreement between me and the Originator. Upon request, I will provide a copy of the revocation to the Credit Union. If the Credit Union does not receive a copy of the revocation within 14 business days after said request, the Credit Union may honor subsequent debits from the Originator against this account.
7. The Credit Union and the undersigned hereby agree to abide by the rules and regulations as outlined in the Uniform Commercial Code governing Stop Payment orders and the "NACHA" rules governing ACH revoked debits.

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I further attest that the debit transaction was not originated with fraudulent intent by me or any person acting in concert with me.

I have read this statement in its entirety, attest that the information provided on this statement is true and correct, and that the signature below is my own proper signature.

Primary Member Signature & Date

Joint Owner Signature & Date (If Applicable)

***This Written Statement of Unauthorized Debit must be signed by the person who entered into the original agreement on or after the date of the debit/withdrawal.**

Section A – Unauthorized ACH Debit Entry (R10)

Complete section I and/or II as applicable. Complete only one sub-section of section I.

I. Member advises Not Authorized – R10, A debit entry was not authorized by the member if:

- (1)The authorization was not given to Originator;
- (2)The debit entry was initiated in an amount different than that authorized by the member; or
- (3)The debit entry was initiated for settlement different than authorized by the member.

1. I did not authorize, and have **never** authorized _____ to originate one or more ACH entries to debit my account at Andrews Federal Credit Union.

2. I authorized _____ to originate one or more ACH entries to debit funds from my account at Andrews Federal Credit Union, however:

The amount debited was different than the amount I authorized to be debited. The amount I authorized is \$ _____ However, the amount debited/attempted is \$ _____ .

3. I authorized _____ to originate one or more ACH entries to debit funds from my account at Andrews Federal Credit Union, however:

The debit was made to my account on a date different than the date on which I authorized the debit to occur. I authorized the debit to be made to my account _____ on 20 __.

II. Improper source document usage (check only one):

Represented Check Entries (RCK)

Check if one of the following applies: (i) notice stating the terms of the represented check entry policy not provided; (ii) item to which entry relates is not eligible; (iii) signature not authentic or authorized, or item has been altered (R51); (iv) amount of the entry was not accurately obtained from the item; or (v) both the entry and the item to which the entry relates have been presented for payment (R53). A stop payment has been placed on the item to which the RCK entry related (R52). Check # _____ .

Accounts Receivable Entries (ARC) and Back Office Conversion Entries (BOC)

Check if one of the following applies: (i) I opted out of check conversion activity; (ii) notice was not provided by the Originator; (iii) the source document used for the debt entry is improper; (iv) the source document was presented for payment; or (v) the amount of the ARC or BOC entry was not accurately obtained from the source document. A stop payment order has been placed in the source document to which the ARC and/or BOC entry relates (R38). Check # _____ .

Point of Purchase Entries (POP)

Check if one of the following applies: (i) debit entry not authorized by Receiver; (ii) source document is improper; or (iii) source document was presented for payment. Check # _____ .

Section B - Authorization Revoked (R07)

Complete as applicable.

I. Member advises Authorization Revoked – R07, A debit entry was revoked by the member if:

1. Member has revoked authorization previously provided to the Originator for this particular transaction before the debit was initiated. I authorized _____ to originate one or more ACH entries to withdraw funds from my account at Andrews Federal Credit Union.

However, _____ on, 20 __I revoked that authorization by notifying the Originator in the manner specified in the agreement between me and the Originator. I have given the Credit Union a copy of the revocation sent to Originator terminating authorization.

Company Name: _____

Date payment taken: _____

Amount: \$ _____ Stop Amount _____ (if all amounts are to be stopped, write ALL): \$ _____

Company Name: _____ Date of Debit/Attempt _____

Amount \$ _____ Stop to be placed for \$ _____

Staff member taking request _____ Br# _____