

Written Statement of Unauthorized Debit (ACH)

Accou	ount/Transaction Information		
Name_	e	Account number _	
Amoun	unt of debit		
Date of	of debit		
Party d	debiting the account		
Staten	ement		
debit w	undersigned) hereby attest that (1) I have reviewed the circumstances was not authorized, or did not conform to the terms of my authorization reason for that conclusion:		
l did no	not authorize the party listed above to debit my account ☐ I do not know or did not authorize the party listed above to debit	it my account.	
	☐ The signature of a check that was processed electronically is n	not my signature.	
I autho	norized the party listed above to debit my account, but the entry does r My account was debited before the date that I authorized.	not conform to the terms	of my authorization.
	☐ My account was debited for an amount different than I authorize	ed.	
	☐ My account was debited by an authorized third party, but that the	hird party failed to make	my payment as instructed.
	☐ My check was improperly processed electronically.		
	☐ A debit to my account that was previously returned was improp	erly reinitiated.	
I autho	norized 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)		
Signat	ature		
origina	an authorized signer, or otherwise have authority to act, on the accournated with fraudulent intent by me or any person acting in concert with aformation provided on this statement is true and correct.		
Signatu	ature	Date	
Teller iı	r initialsTeller number		