



CHECKLIST FOR BUSINESS ACH DISPUTES/FRAUD

This form is to be used for ACH Transactions that have posted and transactions that were returned resulting in an NSF Fee.

Please email all the below required documents to the ACHDESK group, or send interoffice to Deposit Operations ATTN: ACH DESK

- Print the ACH Warehouse detail on each transaction. The Entry Class Code information is needed to complete the Written Statement of Unauthorized Debit (ACH) Business Form:
 - **CCD**- Is a Standard Entry Class Code used by Business Originators for Cash Concentration and Disbursement. The member only has **24 hours** from when the ACH item posts to the account to dispute or claim fraud.
 - **CTX**- Is a Standard Entry Class Code used by Business Originators for Corporate Trade Exchange Entries. The member only has **24 hours** from when the ACH item posts to the account to dispute or claim fraud.
 - **PPD, ARC, TEL, WEB, RCK, IAT, POS, POP, CIE**- Are examples of Standard Entry Class Codes used by Originators for Consumer ACH Entries.

- For transactions listed as “home banking” in the transaction history, forms should be sent to the Fraud Team.

- Place an Unauthorized ACH stop payment on each item in question using one or all of the following:
 - Company I.D.
 - Dollar Amount
 - Check Number

NOTE: An ACH Stop Payment for “Unauthorized” is indefinite-there will be no expiration date unless the member requests one.

- The member must sign the form, as indicated.
- A copy of the signed form should be provided to the member for their records.
- Credit will be issued to the member’s account once the Written Statement of Unauthorized Debit has been received and processed. However, please contact Deposit Operations if special handling is required.
- Have member sign the form and give the member a copy.

Please forward all of the above requested documents to ACH Desk in Deposit Operations

Completed by _____ / _____
Branch Employee Name Employee Number



Written Statement of Unauthorized Debit (ACH)

Business Transactions

Account Information

Member Name: _____

Contact Phone Number: _____

Account Number: _____

Transaction Information:

Transactions: Multiple transactions may be listed with corresponding dates if Party debiting the account is the same. Otherwise, a separate form must be used for each transaction.

Party Debiting the Account: _____

- 1. Date: _____ Amount: _____
2. Date: _____ Amount: _____
3. Date: _____ Amount: _____
4. Date: _____ Amount: _____
5. Date: _____ Amount: _____
6. Date: _____ Amount: _____
7. Date: _____ Amount: _____
8. Date: _____ Amount: _____
9. Date: _____ Amount: _____
10. Date: _____ Amount: _____

Statement

I (the undersigned) hereby attest that (i) I have reviewed the circumstances of the electronic (ACH) debit to my account, (ii) the debit was not authorized, and (iii) the following, to the best of my ability to identify, is the reason for that conclusion:

CHECK ONE:

- checkbox The corporate item submitted to a corporate account is not authorized (CCD or CTX). (24 hours)
checkbox Corporate Account was debited using Consumer SEC Codes (PPD, WEB, POP, ARC, IAT, TEL etc), and was not authorized. (60 calendar days)

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 valid.

Date

Signature

Completed by _____ / _____
Branch Employee Name Employee Number