



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:

- [ ] The corporate item submitted is a consumer debit, and was unauthorized. (60 calendar days)
[ ] The corporate item submitted to a corporate account is not authorized. (24 hours)

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.

I have read this statement in its entirety and attest that the information provided on this statement is true and valid.

Date

Signature

Notary:

State of: \_\_\_\_\_ County of: \_\_\_\_\_

Subscribed and sworn before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature: \_\_\_\_\_ My Commission expires on: \_\_\_\_\_