



CHECKLIST FOR CONSUMER ACH DISPUTES/FRAUD

This form is to be used for ACH Transactions that have posted to a Consumer account, or for transactions that were returned resulting in an NSF Fee.

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

- If the member is disputing an ACH Transaction that was not authorized and was **returned NSF**, the **Written Statement of Unauthorized Debit (ACH) form** must be completed in order for NSF fees to be refunded. **If the debit authorization has been revoked or the ACH debit is unauthorized place a “Stop ACH” stop payment for each item to prevent further fees.** The stop payment should be placed according to the Stop Payments/Preauthorized Drafts and ACH Debits Procedure. **Deposit Operations refund NSF Fees associated with the transaction once the Written Statement of Unauthorized Debit (ACH) form has been submitted**
- If the posted date of the unauthorized ACH transaction is greater than 55 days, please contact Deposit Operations to ensure our right of return, as the time frame for returning an unauthorized ACH item is 60 days.
- Print the ACH Warehouse detail for each transaction. The Entry Class Code information is needed to complete the Written Statement of Unauthorized Debit (ACH) form
- For transactions listed as “home banking” in the transaction history, forms should be sent to the Fraud Team
- Multiple transactions may be listed on the form, provided that the merchant/person debiting the account is the same. Otherwise, you a separate Written Statement of Unauthorized Debit (ACH) form should be completed for each transaction.
- If the debit authorization has been revoked or the ACH debit is unauthorized, place a “Stop ACH” stop payment for each item. This ACH stop payment is placed for an indefinite period of time and will not be removed unless requested by the member in writing. The stop payment should be placed according to the Stop Payments/Preauthorized Drafts and ACH Debits.
- 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.



Written Statement of Unauthorized Debit (ACH)

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: _____	4. Date: _____	Amount: _____
2. Date: _____	Amount: _____	5. Date: _____	Amount: _____
3. Date: _____	Amount: _____	6. 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 Only One:

- I did not authorize the party listed above to debit my account.
- I revoked the authorization I had given to the party to debit my account before the debit was initiated.
- My account was debited before the date I authorized.
- My account was debited for an amount different than I authorized.
- My check was improperly processed electronically.

Check for CCD or CTX Entry Class Codes Only:

- Unauthorized Debit to Consumer Account using Corporate SEC Code (CCD or CTX).

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