Written Statement of Unauthorized ACH Debit

Date _____ Service Request _____
Accounting/Exceptions – ACH Written Statement of Unauthorized Debit

Account / Transaction Information

Customer Name: _____

Account Number: _____

Amount of Debit: _____

Date of Debit: _____

Party Debiting Account: _____

Statement

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

☐ 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.

☐ I wish to stop any future debits associated with this revocation.

☐ My account was debited on a date other than what I agreed upon.

☐ My account was debited for an amount different than I authorized.

☐ My check was improperly processed electronically.

☐ Other (specify) _____

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 correct.

_____ _____
Customer's Signature Date

BANK USE ONLY		
Bank personnel must submit the Required Claim of Unauthorized or Revoked ACH Debit Service Request and forward this form on the day of receipt.		
Date	Accepted by (name)	Accepted by (signature)
Date	Approved by (name)	Approved by (signature)

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