



**Written Statement
of Unauthorized Credit (ACH)**

OFFICIAL USE ONLY

Date Received: ____/____/____ Initials & Teller #: _____

LGE STAFF: SCAN & EMAIL TO MEMBERPAYMENTS@LGECCU.ORG

Transaction Details:

Member Account Number: _____

Member Name: _____

Transaction Amount: _____

Date of the Transaction: ____/____/____

Company Name: _____

I (undersigned) hereby attest that I have reviewed the circumstances of the above ACH Credit to my account and that the credit was not authorized. (R23)

- ☐ I want to stop payment on all future payments from this company and have completed an ACH Stop Payment Request to accompany this Written Statement of Unauthorized Credit .

I am an authorized signer, or otherwise have authority to act on this account. I further attest that the credit transaction was not originated with fraudulent intent by me or by any person acting in concert with me.

I have read this statement in its entirety, attest that the information provided on this statement is true and correct, and that the signature below is my own proper signature.

Signature: _____ Date: ____/____/____
Required

For Accounting Staff use only:

____/____/____
Transaction Date

Trace Number

____/____/____
Return Date

Returned by (initial & tlr #)

You may present this form in person at any LGE office, or you may email it via secure email to:
MemberPayments@LGEccu.org

You may also fax this form to the Accounting Department at 770-420-3850