

Written Statement of Unauthorized Debit (ACH)

1. Account/Transaction Information:

Name: _____
 Account Number: _____
 Name of Merchant: _____
 Debit Amount(s): _____
 Debit Date(s): _____

2. Statement:

I (the undersigned) hereby attest that (i) I have reviewed the circumstance of the above electronic (ACH) debit to my account; (ii) the debit was not authorized, or did not conform to the terms of the authorization, and (iii) the following, to the best of my ability to identify, is the reason for that conclusion.

I did not authorize the debit to my account.

- ☐ I do not know or did not authorize the party listed above to debit my account. (R10 or R05, if CCD)
- ☐ The signature of a check that was processed electronically is not my signature. (R10)

I authorized the party listed above to debit my account, but the entry does not conform to the terms of my authorization.

- ☐ My account was debited for an amount different than I authorized. (R11)
- ☐ My account was debited before the date that I authorized. (R11)
- ☐ My account was debited by an authorized third party, but that third party failed to make my payments. (R11)
- ☐ My check was improperly processed electronically. (R11)
- ☐ A debit to my account was previously returned and it was improperly reinitiated. (R11)

I authorized the party listed above to debit my account, but:

- ☐ I revoked the authorization I had given to the party to debit my account before the debit was initiated. (R07)

3. Signature

I am an authorized signer, or otherwise have authority to act on this account. I attest that the debit above 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 and attest that the information provided on this statement is true and correct.

Signature _____ Date _____

CU Representative (Initials & #) _____ Date received _____

For ACH Staff use only:

Transaction Date	Trace #	SEC Code	Transaction Date	Trace #	SEC Code
Date Received		Returned by (initial & tlr#)		Date Returned	

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