



ACH DISPUTE FORM - Written Statement of Unauthorized Debit (ACH)

1. Account/Transaction Information

Name: _____ Account Number: _____

Date of Debit: _____ Amount of Debit: _____

Party Debiting the Account: _____

2. 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, or did not conform to the terms of my 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.
- ☐ The signature of a check that was processed electronically is not my signature.

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

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.
- ☐ Other (must specify) _____

3. 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.

Signature _____ Date: _____

Credit Union Use Only

Request Received By: _____ Date: _____

Return Reason Code: _____ Returned By: _____ Returned Date: _____