



# WRITTEN STATEMENT OF UNAUTHORIZED DEBIT (ACH)

Please complete and sign this form and return to:  
Attn: Account Services Dept. FAX: (866) 496-5134 or EMAIL: [account\\_services@SouthlandCU.org](mailto:account_services@SouthlandCU.org)

## 1. Account/Transaction Information

Full Name \_\_\_\_\_ Account Number \_\_\_\_\_  
Amount of Debit \_\_\_\_\_ Date of Debit\* \_\_\_\_\_  
Party Debiting the Account \_\_\_\_\_

**\* Personal Accounts:** The transaction(s) must be reported and form received within 60 (sixty) calendar days.  
**Business Accounts:** The transaction(s) must be reported the day it posts and form received no later than 9:00 am (PST) the next business day.

## 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.
- ☐ A debit to my account was an improper reversal.

**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. 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).

Signature \_\_\_\_\_ Date \_\_\_\_\_