



Written Statement of Unauthorized Debit (ACH)

Account / Transaction Information

Full Name _____

Account Number _____

Amount of Debit _____

Date Debit Posted to Account* _____

Party Debiting the Account _____

* For personal accounts, the transaction(s) must be reported and form received within 60 (sixty) calendar days.
For business accounts, the transaction(s) must be reported and form received within 1 (one) business day.

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) 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 wish to stop any future debits connected with this unauthorized debit.

I revoked the recurring payment authorization I had given to the party to debit my account before the debit was initiated. Can include pre-authorized payments or deposits (PPD), international ACH transactions (IAT) or recurring internet-authorized entries (WEB).

I wish to stop any future debits connected with this revoked authorization.

My account was debited before the date I authorized.

My account was debited for an amount different from what 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 I or any person acting in concert with me did not originate the debit above with fraudulent intent. I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Signature

Date

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