

800.828.4510 ucumail@ucu.org

Written Statement of Unauthorized Debit (ACH)

am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that he debit above was not originated with fraudulent intent by me or any person acting in concert with me. I have read his statement in its entirety and attest that the information provided on this statement is true and correct. Please see he schedule of fees and charges if a fee will be charged for this service Date	Name			Account Number	
Party Debiting the Account (as appears on Statement) Best Contact # "A separate form is required for each Unauthorized Party Debiting account. If using one form for multiple debits from the SAME Originator/Party, each debit amount and date must be listed separately.** Statement (the undersigned) hereby attest that (i) I have reviewed the circumstances of the above electronic (ACH) debit to my occount, (ii) the debit was not authorized, and (iii) the following, to the best of my ability to identify, is the reason for nat conclusion: I did not authorize the party listed above to debit my account. I revoked the recurring payment authorization I had given to the party to debit my account before the debit was initiated. UCU may request a copy of the written instructions to the merchant terminating the authorization. Single entry debits such as converted draft debits may not be revoked. My account was debited before the date I authorized. My account was debited for an amount different from what I authorized. My account was debited for an amount different from what I authorized. Other (For Branch Use ONLY): Check cleared as ACH and check, Item converted to check is ineligible, etc. Signature am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that he debit above was not originated with fraudulent intent by me or any person acting in concert with me. I have read his statement in its entirety and attest that the information provided on this statement is true and correct. Please see the schedule of fees and charges if a fee will be charged for this service					
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