

Written Statement of Unauthorized Electronic (ACH) Debit

<i>Institution Name & Address</i>	<i>Account Title & Address</i>

Debited Account Number:
Amount of Debit:
Date of Debit:
Payee (Party Debiting the Account):

Statements

I, the undersigned, hereby state all of the following:

- ◆ I am an authorized signer or otherwise have the authority to act on the debited account described above.
- ◆ I have reviewed the circumstances of the electronic debit to the account, as described above.
- ◆ I have concluded the debit was not authorized, or did not conform to the terms of the authorization.
- ◆ The following, to the best of my knowledge, is the reason for that conclusion:
(*Select at least one*)
 - Unauthorized Transaction.** The party listed above was not known to me and/or given authorization to debit the account. (*Return code R10, except for CCD or CTX entries**)
 - Authorization Revoked.** Before the debit was initiated, the authorization that had previously been given to debit the account was revoked. (*Return code R07*)
 - Unauthorized Transaction.** The account was debited before the date authorized. The debit was authorized to be made on or no earlier than . (*Return code R11*)
 - Unauthorized Transaction.** The account was debited for an amount different than authorized. The amount authorized is . (*Return code R11*)
 - Incomplete Transaction.** The account was debited by an authorized third party, but that third party failed to make the payment as instructed. (*Return code R11*)
 - Improper Transaction.** A debit to the account that was previously returned was improperly reinitiated. (*Return code R11*)
 - Other (Specify):**
- ◆ The debit was not originated with fraudulent intent by me or any person acting in concert with me.
(*Note: Return code information is for internal use.*)
**(Use return code R05 for consumer CCD or CTX entry, return code R29 for timely unauthorized non-consumer CCD or CTX entry, or return code R31 for permissible late unauthorized non-consumer CCD or CTX entry)*

Signature

I have read the above statements in their entirety and certify that the statements and information provided are true and correct.

_____ **Date**

For Financial Institution Internal Use Only

Date Financial Institution First Notified:
Received By: