



**Written Statement of Unauthorized ACH Debit**

Account/Transaction Information

Account Number: \_\_\_\_\_

Name: \_\_\_\_\_

Amount of Debit: \_\_\_\_\_

Date of Debit: \_\_\_\_\_

Party Debiting the Account: \_\_\_\_\_

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 authorized the party listed above to debit my account.
- \_\_\_\_\_ I revoked the authorization I had given to the party to debit my account before the debit was initiated.
- \_\_\_\_\_ My account was debited before the date I authorized.
- \_\_\_\_\_ My account was debited for an amount different than I authorized.
- \_\_\_\_\_ My check was improperly processed electronically.
- \_\_\_\_\_ Other (must specify) \_\_\_\_\_

Stop Payment Request (optional)

I hereby authorize FSUCU to place a Stop Payment on all future ACH debits from the party listed above. I have contacted the party listed above and revoked authorization. I understand that this Stop Payment will remain in effect until I have cancelled it in writing. I agree to indemnify FSUCU against all liability, loss, costs, damages, fees of attorneys and other expenses, including but not limited to any amount the Credit Union is obligated to pay on the item, which the Credit Union may sustain or incur in consequences of honoring this Request to Stop ACH Payment.

\_\_\_\_\_ (initial here)

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: \_\_\_\_\_