



Written Statement Of Unauthorized Debit (ACH)

1. Account/Transaction Information

Name:

Member Number:

Account Number:

Member Home Phone:

Work/Cell:

Amount of Debit:

Date of Debit:

Party Debiting the Account:

Do not return transaction

Return this transaction only

or all transactions

2. Statement

I,

hereby attest that I have reviewed the circumstances of the above electronic (ACH) debit to my account, the debit was not authorized, and the following, to the best of my ability to identify, is the reason for that conclusion;

did not authorize the party listed above to debit my account.

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.

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.

Signature: _____ Date: _____

Office Use Only:

Branch Number

Teller Number

Branch Faxed

(Y/N)

This form must be completed in its entirety before the order can be processed. If sending the completed form by fax, please fax to 410-893-1232, Attention: Item Processing Department.