



958 W. Monroe St.
Jackson, MI 49202
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WRITTEN STATEMENT OF UNAUTHORIZED DEBIT (ACH)

Account and Transaction Information

Name _____

Account Number _____

Amount of Debit _____

Party (Company) Debiting the Account _____

Date of Transaction _____

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 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. (ARC, BOC, POP, RCK)

___ Other, (must specify) _____

Signature

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the debit 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 _____