

GHA Federal Credit Union
Written Statement of Unauthorized Debit

1. Account /Transaction Information

Name _____
Account Number _____
Amount of Debit _____
Date of Debit _____
Party Debiting the Account _____

2. Statement

I (the undersigned) hereby attest the (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 authorization I had given to the party to debit my account before the debit was initiated.

___ My account was debited for an amount different than I authorized.

___ My check was improperly processed electronically.

___ Other (must specify) _____

3. Signature

I am an authorized signer, or otherwise have authority to act, on the account identified in the statement; I attest that the debit above was not originated with fraudulent intent by my 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: _____

Date Entered _____
Staff _____

