

## ACH Dispute Form – Written Statement of Unauthorized Debit

### 1. Transactional Information

Name \_\_\_\_\_ Member # \_\_\_\_\_

Date of Debit \_\_\_\_\_ Amount of Debit \_\_\_\_\_

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

### 2. Statement

I (the undersigned) hereby attest to all of the following:

- A. I have reviewed the circumstances of the above electronic debit to my account
- B. The debit was not authorized
- C. The following, to the best of my ability to identify, is the reason for the conclusion:

I did not authorize the party listed to debit my account

I revoked the authorization I had given 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 the amount I authorized

My check was improperly processed electronically

Other (please specify) \_\_\_\_\_

### 3. Signature

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that I, or any person acting in concert with me, did not originate this debit with fraudulent intent. I understand that Highway Crossroads Credit Union may request further documentation to process the dispute of this item and failure to comply with requests for documentation will invalidate this dispute. I have read this statement in its entirety and attest that the information provided is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Credit Union Use Only

Request Received by \_\_\_\_\_ Date \_\_\_\_\_

Returned by/Reason Code \_\_\_\_\_ Date of Re-Credit \_\_\_\_\_