



WRITTEN STATEMENT OF UNAUTHORIZED DEBIT (ACH) UNAUTHORIZED/REVOKED/IMPROPER ACH ACTIVITY

AppleFCU.org

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ACCOUNT/TRANSACTION INFORMATION

Member Name: First	MI	Last	Suffix	Account No.
Entity Debiting the Account				
Amount of Debit	Date of Debit (MM/DD/YYYY)	Amount of Debit	Date of Debit (MM/DD/YYYY)	

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, or did not conform to the terms of my authorization; and (iii) the following, to the best of my ability to identify, is the reason for that conclusion.

I did not authorize the debit to my account.

- I do not know or did not authorize the party listed above to debit my account.
- The signature of a check that was processed electronically is not my signature.

I authorized the party listed above to debit my account, but the entry does not conform to the terms of my authorization.

- My account was debited before the date that I authorized.
- My account was debited for an amount different than I authorized.
- My account was debited by an authorized third party, but that third party failed to make my payment as instructed.
- My check was improperly processed electronically.
- A debit to my account that was previously returned was improperly reinitiated.

I authorized the party listed above to debit my account but:

- I revoked the authorization I had given to the party to debit my account before the debit was initiated.

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.

Member Signature ▶	Date (MM/DD/YYYY)
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CREDIT UNION USE ONLY:

Date Created: (MM/DD/YYYY)	Counselor:
Branch No:	Comments: