

Member FDIC | Equal Housing Lender Privacy Statement

## Written Statement of Unauthorized Electronic (ACH) Debit

First Name:		Last Name:
Submitted on:		
Customer name/address (required)	Customer name  Customer address  City, State, Zip	
Transaction information (required)	Debited account number  Amount of Debit  Date of debit  Payee (Party Debiting the Account)	
<ul><li>I have reviewed the circum</li><li>I have concluded the debit</li></ul>	or otherwise have the aut stances of the electronic was not authorized.	chority to act on the debited account described above. debit to the account, as described above. by me or any person acting in concert with me.
The following, to the best of my knowledge, is the reason		
for that conclusion:  Date transaction authorized		
if the transaction was debited before authorized.		

The amount authorized if the amount of the transaction was different from the amount I authorized.	
Other information (if you chose the reason as OTHER above):	
I have read the above statem	nents in their entirety and certify that the statements and information provided are true and correct.
Today's date	
Place (City)	
County or Parish:	
State	
For Financial Institution Internotate Financial Institution first Received by:	nal Use Only: notified: