



Farmers National Bank

Member FDIC - Equal Housing Lender

[Privacy Statement](#)

Unauthorized ACH Form

First Name:		Last Name:	
Contact Information			
Phone Number:		Email Address:	
_____		_____	
Mailing Address	Address Line 1		
	Address Line 2		
	City	State	ZIP Code
_____	_____	_____	_____
We will not update our records with this information. If this information needs updated, please submit an "address/contact change form".			
Contact Preference			
If we have questions about this form, how would you like us to contact you? (required)	<input type="radio"/> Telephone		
	<input type="radio"/> Regular Mail		
	<input type="radio"/> E-Mail		
Dispute Information			
Account Number:	_____		
Transaction Date:	_____		
Payee (party debiting the account):	_____		
Please list any additional details:	_____		
Select the Appropriate Error Reason			

	<input type="radio"/> Unauthorized Transaction. The party listed above was not given permission to debit the account. <input type="radio"/> Unauthorized Transaction. The account was debited prior to the date authorized. The debit was authorized to be made on or no earlier than the date listed below:
Date Authorized:	
	<input type="radio"/> Unauthorized Transaction. The account was debited for an amount different than authorized. The amount authorized is listed below:
Amount Authorized:	
	<input type="radio"/> Authorized Revoked. Prior to the above transaction, the authorization that had previously been given to debit the account was revoked. <input type="radio"/> Incomplete Transaction. The account was debited by an authorized third party, but that third party failed to make the payment as instructed. <input type="radio"/> Improper Transaction. A check was improperly processed electronically. <input type="radio"/> Other:

This form must be signed to submit the transaction(s) as unauthorized. After submitting this form you will receive a secure email and/or mail via the USPS.

By completing this form, I attest to the following:

- I am an authorized signer or otherwise have the authority to act on the debited account described above***
- I have reviewed the circumstances of the electronic debit to the account as described above***
- I have concluded the debit was not authorized***
- The debit was not originated with fraudulent intent by me or any person acting in concert with me***
- The above, to the best of my knowledge, is the reason for that conclusion.***