Written Statement of Unauthorized Debit

First Atlantic FEDERAL CREDIT UNION

1. ACCOUNT / TRANSACTION INFORMATION

Name: _____ Account Number: _____

Amount of Debit: _____ Date of Debit: _____

Payee (Party Debiting the Account): _____

2. 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, 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. *(Return code R10, except for CCD or CTX entries*)*
- ☐ I revoked the authorization I had given to the party to debit my account before the debit was initiated. *(Return code R07)*
- ☐ My account was debited before the date I authorized. (Return code R11)
- ☐ My account was debited for an amount different than I authorized. *(Return code R11)*
- ☐ My check was improperly processed electronically. *(Return code R11)*
- ☐ My account was debited, but the corresponding payment was not made to the intended third-party payee. *(Return code R11)*

**(Use return code ROS for consumer CCD or CTX entry, return code R29 for timely unauthorized non-consumer CCD or CTX entry, or return code R31 for permissible late unauthorized non-consumer CCD or ctx entry*

3. 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.

Signature: _____ **Date:** _____

OFFICE USE ONLY

Employee Name: _____ Teller Number: _____ Date: _____