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WRITTEN STATEMENT OF UNAUTHORIZED DEBIT

Please Note: An ACH or preauthorized transaction cannot be returned due to a defect in the goods or failure to provide services by the company.

Member Information

Member Name (First, MI, Last)	Account Number
Daytime Phone Number	Email Address
Amount of Debit	Date Debit Posted to Account
Name of Debit Originator	

Member Statement

I (the undersigned) hereby attest that (i) I have reviewed the circumstances of the electronic (ACH) debit transaction on 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: (please select one)

- ☐ I did not authorize the party listed herein to debit my account.
- ☐ I revoked the recurring payment authorization on (date) _____ before this debit was initiated.
 - ☐ I request that no future debits be processed under this revoked authorization.
- ☐ My account was debited before the effective date of the ACH authorization.
- ☐ My account was debited for an amount different from the ACH authorization.
- ☐ My check was improperly processed as an electronic transaction.
- ☐ Other (please specify) _____

Member Acknowledgement

I am an authorized signer or otherwise have authority to act on the account identified in this statement. I attest that the debit transaction was not originated with fraudulent intent by me or any person acting on my behalf. Any intentional attempt to obtain money from a financial institution by misrepresenting whether a transaction was authorized may result in the imposition of fines up to \$1,000,000 or imprisonment up to 30 years, or both under the provisions of Federal law (18 U.S.C §1344). I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Member Signature (required)

Date