

## Written Statement of Unauthorized Debit (ACH)

### Account / Transaction Information:

<b>Member Name:</b>	<b>Member Number:</b>
<b>Company / Party Name:</b> Name of Unauthorized Party that debited account. Only one (1) party may be listed per form.	<b>Account Number:</b> Enter the account number to which debit posted
<b>Amount of Debit:</b> If multiple debits from same Unauthorized Party, each amount must be listed separately.	<b>Date Debit Posted:</b> If multiple debits from same Unauthorized Party, each debit date must be listed separately.

### 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.

I revoked the recurring payment authorization I had given to the party to debit my account before the debit was initiated. *Can include pre-authorized payments or deposits (PPD), international ACH transactions (IAT) or recurring Internet authorized entries (WEB). Non-recurrent, single entry debits and converted draft debits (POP, ARC, RCK, BOC, etc.) may not be revoked.*

I wish to stop any future debits connected with this revoked authorization.  
*Only applicable for revoked authorizations; not unauthorized transactions. Authorization must be revoked with the Originator of the transaction.*

My account was debited before the date I authorized.

My account was debited for an amount different from what I authorized. My check was improperly processed electronically.

Other (**For Branch Use ONLY**): \_\_\_\_\_  
*Check cleared as ACH and check, Item converted to check is ineligible, etc.*

### 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's Signature**

\_\_\_\_\_  
**Date**

For FI Use only		
Received By:	Teller #:	Date:

Completed forms may be submitted to our PDS Department by one of the following:

**Fax:** 714.375.8680  
**US Mail:** Nuvision Credit Union – Attn: PDS  
P.O. Box 1220  
Huntington Beach, CA 92647-1220

Or, you may deliver your completed form to one of our convenient Branch Locations