WRITTEN STATEMENT OF UNAUTHORIZED ACH DEBIT

Member Name _____ Member # _____ Suffix _____

Daytime Phone # _____ E-Mail Address _____

Payment Date: _____ Payable to: _____ Amount: _____

I, the undersigned, state that I have examined an ACH debit entry that was charged to my account. The debit was not authorized. I base that conclusion, to the best of my ability to identify, on the following reason:

- ☐ I did not authorize the party listed above to debit my account.
- ☐ I revoked the authorization I gave to the party to debit my account before the debit was initiated.
- ☐ My account was debited before the date I authorized.
- ☐ My account was debited for an amount different from the amount I authorized.
- ☐ My check was improperly processed electronically.
- ☐ Other

For other please specify:

_____

_____

_____

This form acknowledges member's request to return unpaid, and make no future payment on, the electronic funds transfer shown above. The member agrees to hold the Credit Union harmless from liability, costs, and expenses arising from the Credit Union's refusal to pay such an item. The Credit Union agrees to exercise ordinary care in endeavoring to comply with the request, but if through inadvertence, accident or otherwise the Credit Union pays the item contrary to the order, the member and the Credit Union agree that the Credit Union shall be immediately entitled to charge the member's account for the amount thus paid and such charge shall stand regardless of whether the member is entitled to recover from the Credit Union on account thereof, and the member's sole remedy shall be to prove and recover only such actual money damages as may be occasioned to the member solely on account of such item.

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the debit transaction listed above was not originated with fraudulent intent by me or any person acting in concert with me. I have read the above disclosure in its entirety and attest that the information provided on this statement is true and correct, and that the signature below is my own proper signature.

For this request to be processed in a timely manner, this form should be submitted within 20 calendar days of the issue of the statement in which the item appears. This allows the credit union to process the return within 60 calendar days from the day it posted to the member's account.

_____ _____

Authorized signature Date

To submit, please fax or mail completed and signed form along with any requested support documentation to: **NIHFCU Fax: 301-770-5372** Mail: **P.O. Box 6475 Rockville, MD 20849-6475**. You may also drop this form off at any NIHFCU branch location.

CREDIT UNION USE ONLY

☐ **Request completed by** _____ **Date:** _____