

Written Statement of Unauthorized Debit (ACH)

Form may be returned by fax to (925) 609-5159

1. Account/Transaction Information

Name	Account Number	
Amount of Debit	Date of Debit	

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, 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:

I do not know or did not authorize the party listed above to debit my account. (R10)

- The signature of a check that was processed electronically is not my signature. (R10)
- □ My account was debited before the date I authorized. (R11)
- □ My account was debited for an amount different than I authorized. (R11)
- □ My account was debited by an authorized third party, but that third party failed to make my payment as instructed. (R11)
- □ My check was improperly processed electronically. (R11)
- A debit to my account that was previously returned was improperly reinitiated. (R11)
- □ I revoked the authorization I had given to the party to debit my account before the debit was initiated. (R07)
- □ Other (must specify)_____
- 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.

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).

Signature