Community Resource CREDIT UNION

Written Statement of Unauthorized ACH Debit

Description:

- Form used to dispute an unauthorized ACH (Automatic Clearing House) transaction
- ACH-Automatic Clearing House is a way to move funds from one financial institution to another

Instructions:

- Each disputed ACH transaction will require a form
- Dispute must be received within 60 days from the date the ACH transaction cleared the account
- Please fill out form completely and sign
- Completed form may be mailed or brought in to any CRCU branch location

For questions, please call our Member Contact Center at 281.422.3611 or visit any CRCU branch location.

Community Resource CREDIT UNION

P.O. Box 3181, Baytown, Texas 77522 • 1.800.238.3228 • www.crcu.org

Written Statement of Unauthorized ACH Debit

Member Information

Name:	
Account #:	Account Suffix:

Transaction Information

Transaction Amount:	Transaction Date:
Company Name:	

Statement:

I hereby attest that I have reviewed the circumstances of the above electronic ACH debit to my account, the debit was not authorized, and the following, to the best of my ability was unauthorized, improper or a prior authorization was revoked.

I did not authorize the debit to my account:

☐ I did not authorize and I have never authorized the company listed above to debit my account.

☐ The signature of a check that was processed electronically is not my signature.

I authorized the party listed above to debit my account, but the entry does not conform to the terms of my authorization:

☐ My account was debited before the date that I authorized.

☐ My account was debited for an amount different than I authorized.

☐ My account was debited by an authorized third party, but that third party failed to make my payment as instructed.

☐ My check was improperly processed electronically.

☐ A debit to my account that was previously returned was improperly reinitiated.

I authorized the party listed above to debit my account, but:

☐ I revoked authorization I had given to the party to debit my account before the debit was initiated. I revoked authorization on_____

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 Signature:	Date: