

Written Statement of Unauthorized (ACH)
Wexford Community Credit Union

Account and Transaction Information

Name _____
Account Number _____
Amount of Debit _____ Date of Debit _____
Party (Company) Debiting the Account _____

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.
 - _____ The debit is part of an incomplete transaction.
 - _____ I revoked the authorization I had given 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 than I authorized.
 - _____ My check was improperly processed electronically. (ARC, BOC, POP, RCK)
 - _____ Other (must specify)
- _____

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.

Signature _____ Date _____
Employee Signature _____