

360 North Wood Ave. ● Linden, New Jersey 07036 Phone: 908-862-6966 ● Fax: 908-523-6119

WRITTEN STATEMENT OF UNAUTHORIZED DEBIT

For ACH Debits To Consumer Accounts Only

| I. Account/T | Fransaction Information | | |
|---|--|--|---|
| 1) Member N | ame | | |
| 2) Account N | umber | | |
| 3) Amount of | f Debit | | _ |
| 4) Date of De | bit | | |
| 5) Party Debi | iting Account | | <u>-</u> |
| was not authorized by the counauthorized debit means at authorization, to initiate the debit to the consumer's acco | onsumer via a writing that was signed or some electronic fund transfer from a consument transfer. An electronic fund transfer in a bunt earlier than that authorized by the co | electronic funds transfer from a consumer's account is similarly authenticated to initiate the transfer. With re- er's account initiated by a person not authorized by the n amount greater than that authorized by the consum- onsumer is also an unauthorized debit. An unauthorized the consumer or by any person acting in concert with | espect to TEL entries, and the consumer, via an oral ter or that result in a led debit DOES NOT |
| II. Statemen | t | | |
| | | e circumstances of the above electronic (ACH) debit best of my ability to identify, is the reason for that co | |
| ☐ Unauthorized [R10 |] – I did not authorize, and have not | ever authorized, | (Company name) |
| to debit funds from any of | f my account's at | (Credit Union's name), | |
| ☐ I Authorized but [R10] — I authorized | | (Company name) to debit fund | ds from my account |
| at | (Credit Union's name | e), <i>but</i> : | |
| ☐ My account wa | as debited for an amount different tha | an I authorized. The amount I authorized is \$ | , or; |
| | • | than I authorized. I authorized the debit to be n | nade to my |
| account on (or no | o earlier than), 20 | | |
| | | | |
| ☐ Authorization Revo | oked [R07] – I revoked authorization | on I had given to(Company | name) to debit funds |
| from my account on | , 20which was befo | re the debit was initiated. | |
| | | ct, on the account identified in the statement. I f tent by me or any person acting in concert with | |
| I have read this stateme | nt in its entirety and attest that the | e information provided on the statement is tr | ue and correct. |
| (Print) Member/Auth | orized Name: | | |
| Member/Authorized Signature: | | Date: | |
| For office use only: | | | |
| Employee Signat | ture: | Branch#Date: | |
| | | М | lotion FCU Rev: 02/2013 |