

## Written Statement of **Unauthorized ACH Debit Transaction**

CONGRESSIONAL FEDERAL CREDIT UNION

A separate form is required for each transaction dispu	ted.
MEMBER INFORMATION	
Member Name:	
Credit Union Account Number:	Daytime Phone: ( )
TRANSACTION INFORMATION	
Company Name:	
Amount:	Posting Date:
	umstances of the above electronic ACH debit to my account (ii) the del rization; and (iii) the following, to the best of my ability to identify, is t
PLEASE SELECT THE APPROPRIATE REASON FOR YOUR	REQUEST:
I did not authorize the debit to my account	
☐ I do not know or did not authorize the party listed abo	ove to debit my account.
$\hfill\Box$ The signature of a check that was processed electron	ically is not my signature.
I authorized the party listed above to debit my account, be	ut the entry does not confront to the terms of my authorization.
☐ My account was debited before the date that I author	ized.
☐ 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.	
$\ \square$ A debit to my account that was previously returned w	as improperly reinitiated.
$\hfill \square$ A debit to my account was an improper reversal.	
I authorized the party listed above to debit my account, be	ut:
$\ \square$ I revoked the authorization I had given to the party to	debit my account before the debit was initiated.
☐ Other (must specify):	
originated with fraudulent intent by me or any person acting in co I have read this statement in its entirely and attest that the information NOTICE: Any intentional attempt to obtain money from a financial institution	
X	
Member's Signature	Date

\*Any alterations made to this form will render this form void.