

Statement of Unauthorized Debit (ACH)

Fax: 703.245.0540 infirstfcu.org

Name:	
Account Number:	Share type:
Amount of Debit:	Date of Debit:
Party Debiting the Account:	
I, the undersigned, hereby attest that (i) I have reviewe debit to my account, (ii) the debit was not authorized, a identify, is the reason for that conclusion:	·
I did not authorize the party listed above to debit r	my account.
I revoked the authorization I had given to the party	y to debit my account before the debit was initiated.
My account was debited before the date I authorize	red.
My account was debited for an amount different the	han I authorized.
My check was improperly processed electronically	•
Other (must specify)	
I am an authorized signer, or otherwise have authority attest that the debit above was not originated with frau with me. I have read this statement in its entirety and statement is true and correct.	udulent intent by me or any person acting in concert
Signature:	Date: