

Date/Time



Written Statement of Unauthorized Debit
Unauthorized/Improper ACH or Pre-authorized Draft Debit Entries

User Number\*:

Member Name\*:

Account Number\*:

Daytime Phone#\*:

List Company Name Here\*:

(Only one company per form):

Table with 2 columns: List Date(s) Below\*, List Amount(s) Below\*. Rows show dollar amounts.

I (the undersigned) hereby attest that (i) I have reviewed the circumstances of the above electronic (ACH) debit to my Summit Credit Union account, (ii) the debit(s) was not authorized, and (iii) the following, to the best of my ability to identify, is the reason for that conclusion (check one)\*:

- Checkboxes for reasons: I have no knowledge of the Company listed above and did not authorize the Company to debit my account, including converted checks. [R10]; I have knowledge/relationship with the Company listed above, but the transaction is improper due to: My account was debited before the date I authorized. [R11]; My account was debited for an amount different than I authorized. [R11]; The company created a duplicate debit from my account. [R11]; My check was improperly processed electronically. [R11]; Both the physical check and the electronic check posted to my account. [R37]; I revoked the authorization I had given to the party to debit my account before the debit was initiated. [R07]

\*note: an ACH or Preauthorized transaction cannot be returned due to a defect in the goods or services provided by the company

For business accounts only: 24 hour return time frame - call RHD or Ops if the disputed transaction is dated more than 24 hours prior to see if we can return the item.

Business member advises unauthorized -Returns must be received by originating bank by the 2nd business day following the posting date of the withdrawal. This NACHA rule applies to CCD, CTX, and CBR Entry Class Codes [R29]

I am an authorized signer, or otherwise have the 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. By signing this form, I authorize Summit Credit Union to credit my account and initiate a debit entry to return the item to the originator. I agree to indemnify SCU and hold them harmless from any adverse action that may result from honoring this request. I certify under penalty of perjury that the foregoing is true and correct.

Member Signature

Date

\*Required fields