



Written Statement of Unauthorized Debit (ACH)

ACCOUNT/TRANSACTION INFORMATION

First Name: _____ Last Name: _____ MI: _____

Account Number: _____

Amount of Debit: \$ _____

Date of Debit: _____

STATEMENT

I (the undersigned) hereby attest that (1) I have reviewed the circumstances of the above electronic debit (ACH) against my account, (2) that the debit was not authorized by me and (3) the following is the reason for that conclusion, based on the best of my ability to attempt identification of this electronic debit (ACH).

I did not authorize the party listed to debit my account.

I revoked the authorization I had given to the party to debit my account before the debit was initiated.

My account was debited prior to the date that I authorized.

My account was debited for an amount different than that which I authorized

My check was improperly processed electronically.

Other (must specify):

SIGNATURE

I am an authorized signor 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

Please return promptly via Mail, Email, or Fax

Atlantic Financial FCU
ATTN: Electronic Services Dept
40 Schilling Road
Hunt Valley, MD 21031

Email: eserv@affcu.org
Fax: 410-584-8061