

Please use this form to report a fraudulent or unauthorized ACH transaction involving either a Pre-Authorized Withdrawal or Direct Deposit from a savings or checking account.

The “Written Statement of Unauthorized Debit” form cannot be used to place a permanent stop payment. For stop payments, please complete the “Stop Payment Request Order” form.

To speed the processing of your application, please follow these steps:

1. Complete the Written Statement of Unauthorized Debit form in full.
2. Send your completed form to DCU by:
 - Faxing your form to the Electronic Services Fax Line: 508.772.0563

OR

- Mail your completed form to:

**Digital Federal Credit Union
Attn: Electronic Services Dept.
220 Donald Lynch Boulevard
PO Box 9130
Marlborough, MA 01752-9130**

What you can expect

Once you’ve faxed or mailed your completed form . . .

Within two business days of receiving your written notice of a disputed transaction, we will place a credit to your DCU account while we investigate.

Your request is subject to the **DCU Electronic Disclosure and Agreements**. Please refer to the appropriate document for information on DCU’s responsibilities and your rights regarding your dispute. This document is available online at **dcu.org** or at any branch location.

Please note incomplete forms cannot be processed.



BANKING – THE DCU WAY

Digital Federal Credit Union • 220 Donald Lynch Blvd
PO Box 9130 • Marlborough, MA 01752-9130
508.263.6700 • 800.328.8797 • dcu.org • dcu@dcu.org

WRITTEN STATEMENT OF UNAUTHORIZED DEBIT (ACH)

1. Account/Transaction Information

Member Name: _____
Member Number: _____ Share Number _____
Amount of Debit: _____
Date of Debit: _____
Company/Merchant Debiting the Account _____

2. Statement

I (the undersigned) hereby attest that (i) I have reviewed the circumstances of the above electronic (ACH) debit to my account, (ii) the debit was not authorized, and (iii) the following, to the best of my ability to identify, is the reason for that conclusion (please select only one option):

☐ I did not authorize the party listed above to debit my account.
(Please complete the Stop Payment Request Order)

☐ I revoked the authorization I had given to the party to debit my account before the debit was initiated.
(Please complete the Stop Payment Request Order)

☐ My account was debited before the date I authorized.

☐ My account was debited for an amount different than I authorized.

Please note: If no box is selected, this form will be considered incomplete and cannot be processed. To place a permanent stop payment on the above listed company, please complete the **Stop Payment Request Order** form, page 2.

3. Signature

I am an authorized signer, 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.

Member Signature: _____ Date: _____

INTERNAL USE ONLY Processed By # _____ Date _____ Fee W/D (Y/N/NA)



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STOP PAYMENT REQUEST ORDER

Today's Date _____ Time _____ a.m./p.m. Contact me at _____
Member Name _____ Member Number _____ Account No. _____
Expected Clearing Date for ACH _____ Payable To _____
Transaction Amount \$ _____ Check(s) No. _____ Date Check(s) Written _____
Reason for Stop Payment _____

Please select only one option:

• **Stop Payment for Check – Terms and Conditions**

☐ **Full-Term Stop Payment.** On the terms hereinafter set out, the undersigned account holder hereby instructs Digital Federal Credit Union, hereinafter called "the Financial Institution", to stop payment on the above transaction. The stop payment shall remain in effect for 1) six months; 2) until written notice is received from the account holder to revoke the stop payment order, whichever occurs first.

• **Stop ACH Payment (Consumer) – Terms and Conditions**

- ☐ **One-Time Stop Payment - Stop Payment Effective Until:** _____
- ☐ **Temporary Stop Payment - Stop Payment Effective between** _____ **and** _____
- ☐ **Indefinite Stop Payment**

On the terms hereinafter set out, the undersigned account holder hereby instructs Digital Federal Credit Union, hereinafter called "the Financial Institution", to stop payment on the above transaction. The stop payment shall remain in effect for until written notice is received from the account holder to revoke the stop payment order.

• **Stop Payment for Recurring ACH Entries (Consumer has revoked authorization) – Terms and Conditions**

On the terms hereinafter set out, the undersigned account holder hereby instructs Digital Federal Credit Union, hereinafter called "the Financial Institution", to stop payment on the above transaction. The stop payment shall remain in effect for until written notice is received from the account holder to revoke the stop payment order.

☐ I authorized _____ (company name) to originate one or more ACH entries to debit funds from my account, but on _____ (mm/dd/yyyy) I revoked this authorization by notifying them in the manner specified in the authorization.

• **Stop ACH Payment (Corporate – CCD, CTX, Non-Consumer IAT) – Terms and Conditions**

- ☐ **One-Time Stop Payment - Stop Payment Effective Until:** _____
- ☐ **Full-Term Stop Payment**

On the terms hereinafter set out, the undersigned account holder hereby instructs Digital Federal Credit Union, hereinafter called "the Financial Institution", to stop payment on the above transaction. The stop payment shall remain in effect for 1) six months; 2) until written notice is received from the account holder to revoke the stop payment order, whichever occurs first.

I am requesting that you stop payment on the item described and checked above. I understand that the oral Stop Payment request will expire in fourteen (14) days unless I sign and return this form. By directing DCU to stop payment of this item, I agree to hold DCU harmless against any and all loss, claims, damages, and costs, including court costs and attorneys fees that are incurred as a result of DCU having acted on this Stop Payment Request. Further, I understand that this Stop Payment Request must be received in time to give DCU reasonable time to act on it. If I am requesting that you stop payment on an ACH debit, I understand this request must be received no less than three (3) business days prior to the expected Date.

☐ If this box is checked, I have asked you to Stop Payment on the Amount rather than the Check Number or ACH Company ID. I understand that you advise against this request and that this will result in the return of any item presented against this account for this dollar amount during the time this Stop Payment Request is in effect.

A \$25.00 fee, as disclosed in your *Schedule of Fees and Service Charges*, will be assessed to my DCU account for processing this Stop Payment Request.

Member Signature: _____ Date: _____

INTERNAL USE ONLY

Processed By # _____

Date _____

Fee W/D (Y/N/NA)