



**Written Statement of Unauthorized Debit
for Unauthorized ACH Debit Activity**

ACCOUNT AND TRANSACTION INFORMATION

Customer Name: _____ Account Number: _____

Company or Party Debiting the Account: _____

Date of Debit: _____ Amount: _____ Date of Debit: _____ Amount: _____

Date of Debit: _____ Amount: _____ Date of Debit: _____ Amount: _____

REASON FOR RETURN

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

- ☐ **Originator is Not Known/Not Authorized to Debit Account** Bank may require supporting documents. **(R10)**
- ☐ I did not authorize the party listed above to debit my account.
- ☐ **Source Document Signature Is not Authentic or Authorized (ARC, BOC, POP) (R10)**
- ☐ **I revoked the payment authorization I had given to the party to debit my account before the debit(s) was/were initiated.** Can include pre-authorized payments or deposits (PPD), international ACH transactions (IAT) or recurring internet-authorized entries (WEB). Bank may require supporting documents. **(R07)**
- ☐ **The Entry was Not Made in Accordance with the Terms of the Authorization.** Bank may require supporting documents **(R11)**
- ☐ My account was debited before the date I authorized.
- ☐ My account was debited for an amount different from what I authorized.
- ☐ The above-named company improperly reinitiated the listed debit(s)
- ☐ Incomplete Transaction. *This option can only be used if, debit entry in which a Third Party Sender debits a consumer account to collect funds but does not complete the corresponding payment to the party in which payment is owed.*
- ☐ **Source document used for the entry was not an eligible source document (R11)**
- ☐ **Other (Specify) -** _____

STOP PAYMENT

- ☐ **I wish to stop all future recurring payments from this originator.** I understand that unless I inform the bank of my wish to revoke this stop payment order all ACH debits and credits will continue to be stopped/returned. **(R08)**

By signing below you (a) authorize us to stop payment in accordance with this request, and (b) acknowledge that your stop payment request is governed by the terms of your account agreement with us, together with our agreement(s) for any related services and our fee schedule. Please see the Deposit Account Agreement for other important terms that apply to this request.

Signature

Date

SIGNATURE

I am an authorized signer, or otherwise have authority to act, on the above-referenced account. I attest that the listed debit(s) above was/were 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

BANK USE ONLY

Received By: _____ at _____ on _____

Branch No.: _____

Received: ☐ at Branch ☐ by Telephone ☐ by Fax ☐ by Email