



WRITTEN STATEMENT OF UNAUTHORIZED ELECTRONIC DEBIT (ACH)

Please use this form to report unauthorized ACH transactions only.
To dispute **debit/credit card transactions**, please use **form 316**, available at PenFed.org/forms.

Member Name: _____

Member Number: _____ Account Number: _____

Name of Party Debiting Account: _____

Each unauthorized debit must be listed separately. Use a separate form if unauthorized debits are from different entities.

Amount of Debit: \$ _____ Date of Debit: _____

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Amount of Debit: \$ _____ Date of Debit: _____

Amount of Debit: \$ _____ Date of Debit: _____

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

I did not authorize the debit to my account.

- I do not know or did not authorize the party listed above to debit my account.
- The signature of a check that was processed electronically is not my signature.

I authorized the party listed above to debit my account, but the entry does not conform to the terms of my authorization.

- My account was debited before the date I authorized.
I authorized the debit to occur no earlier than: ____/____/____.
- My account was debited for a different amount than I authorized.
The amount I authorized was \$_____.
- My account was debited by an authorized third party, but that third party failed to make my payment as instructed. Name of the Third Party: _____
- My check was improperly processed electronically.
- A debit to my account that was previously returned was improperly reinitiated.

I authorized the party listed above to debit to my account, but:

- I revoked the authorization I had given to the party to debit my account before the debit was initiated on ____/____/____.

I attest:

- I am an authorized signer, or otherwise have authority to act, on the account listed above.
- The debit(s) above was/were not originated with fraudulent intent by me or anyone acting in concert with me.
- I have read this statement and confirm the information provided is true and correct.
- The signature below is my own signature.

Signature

Date

OFFICE USE: Sec Code: _____ DD Analyst: _____ Date RET/CR: _____
Comments: _____