PENFED CREDIT UNION

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 Entity 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: _____

Amount of Debit: $_____ Date of Debit: _____

Amount of Debit: $_____ Date of Debit: _____

Amount of Debit: $_____ Date of Debit: _____

I, _____, hereby attest:

1. I have reviewed the circumstances of the above electronic debit(s) to my account,
2. the debit(s) was/were not authorized, and
3. I identify the reason for that conclusion:

- ☐ I did not authorize the entity listed above to debit my account.
- ☐ I revoked the authorization I had given to the party to debit my account on _____/_____/_____.
- ☐ 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 check was improperly processed electronically.

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.

x _____ _____ _____

Signature **Printed Name** **Date**

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

Comments: _____

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