



Date: \_\_\_\_\_

PFFCU Case # \_\_\_\_\_

### Written Statement of Unauthorized ACH Debit & ACH Stop Payment Form

#### Account / Transaction Information

Member Number \_\_\_\_\_

Member Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Transaction Amount \_\_\_\_\_

Transaction Date \_\_\_\_\_

Company Debiting the Account \_\_\_\_\_

#### Statement

**Refund Request (MUST check)**

YES or  NO

I hereby attest that (1) I have reviewed the circumstances of the above electronic ACH debit to my account, (2) the debit was not authorized, and (3) the following, to the best of my ability to identify, is the reason for that conclusion:

- \_\_\_ I did not authorize and I have never authorized the company listed above to debit my account.
- \_\_\_ I revoked the authorization I had given to the company to debit my account before the debit was initiated. I revoked authorization on \_\_\_\_\_.
- \_\_\_ My account was debited before the date I authorized. I authorized the debit to be made to my account on or no earlier than \_\_\_\_\_.
- \_\_\_ My account was debited for an amount different than I authorized. The amount I authorized was \$\_\_\_\_\_.
- \_\_\_ Share draft or check was improperly processed electronically.
- \_\_\_ Stop Payment (must notify PFFCU orally or in writing up to 3 business days before the scheduled date of any debit entry other than a single entry). Furthermore, it is my intent to
  - Stop one debit entry
  - Stop all future debit entries.
- \_\_\_ Other (Please describe your reason in detail) \_\_\_\_\_

#### Signature

I hereby agree to indemnify the Credit Union for any sums returned to me on account of this authorization, if such sums were returned to me in error and/or without proper authorization.

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the debit transaction above was not originated with fraudulent intent by me or any person acting in concert with me and the signature below is my own proper signature. I understand the Credit Union may assess a \$15 fee for this service. I have read this statement in its entirety, and attest that the information provided on this statement is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_