



WRITTEN STATEMENT OF UNAUTHORIZED ACH DEBIT ACTIVITY

**FORM INSTRUCTIONS**

This form is to provide UNIFY written notice of an **UNAUTHORIZED** electronic funds transfer processed through the Automated Clearing House (ACH) against your share account. Fully complete the applicable sections and submit by fax to 310.381.2341 or by mail at UNIFY Financial Credit Union, Attn: EPS Department, P.O. Box 10018, Manhattan Beach, CA 90267.

**1. GENERAL ACCOUNT INFORMATION**

MEMBER NAME	MEMBER NUMBER	SHARE NUMBER
DAYTIME PHONE	CELL PHONE	

**2. ACH TRANSACTION INFORMATION**

I, an authorized signer, depose and say that I have examined the applicable statement or other notification from UNIFY which reflects the below listed ACH Transaction, and that transaction is unauthorized or improper.

ORIGINATING COMPANY NAME	EXACT TRANSACTION AMOUNT (DOLLARS AND CENTS)	DATE OF TRANSACTION
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**3. REVOKED ENTRIES**

I, an authorized signer, further depose and state that (select all that apply):

- I authorized \_\_\_\_\_ (Originating Company) to originate one or more ACH entries to debit funds from my account, but on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (date) I revoked that authorization by notifying them in the manner specified in the authorization.
- I further wish to stop all future debits connected with this revoked authorization. The Credit Union will charge a **\$10.00** ACH Stop Payment fee when a stop is placed.

**4. UNAUTHORIZED ENTRIES**

I, an authorized signer, further depose and state that (select **one** option below):

- I have never authorized \_\_\_\_\_ (Originating Company) to originate one or more ACH entries to debit funds from my account at UNIFY.
- I authorized \_\_\_\_\_ (Originating Company) to originate one or more ACH entries to debit funds from my account at UNIFY, however, (select **one** option below):
  - the amount is different than the amount I authorized to be debited. The amount I authorized is \$ \_\_\_\_\_.
  - the debit was made to my account on a date earlier than the date on which I authorized the debit to occur. I authorized the debit to be made to my account on or no earlier than \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (date).

**5. ELECTRONIC CHECK CONVERSION**

I, an authorized signer, further depose and state that (select **one** option below):

- my check was improperly processed electronically.
- the transaction was unable to be located by the intended recipient. Additional details: \_\_\_\_\_.

**6. DISCLOSURE AND SIGNATURE**

**DISCLOSURE:** An UNAUTHORIZED debit means an electronic funds transfer from a consumer's account initiated by a person who was not authorized by the consumer, via a writing that was either signed or similarly authenticated, to initiate the transfer. An electronic funds transfer in an amount different than that authorized by the consumer or which results in a debit to the consumer's account earlier than that authorized by the consumer is also an unauthorized debit. An unauthorized debit does not include an electronic funds transfer initiated with fraudulent intent by the consumer or any person acting in concert with the consumer.

A REVOCATION of authorization means that the written agreement with the Originating company which was signed or similarly authenticated by an employee, customer, or member to allow payments processed through the ACH network to be deposited in or withdrawn from an account at a financial institution has been cancelled.

**I, an account owner, further state under penalty of perjury that the debit transaction was not originated with fraudulent intent by me or any person acting in concert with me and that the signature below is my own proper signature. I certify that the foregoing is true and correct.**

_____ AUTHORIZED SIGNATURE	_____ DATE
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**7. INTERNAL USE ONLY**

FORM RECEIVED BY (EMPLOYEE NAME & LOCATION)	DATE RECEIVED	REQUEST PROCESSED BY	DATE COMPLETED
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