

Statement of Unauthorized or Improper ACH Debit Transactions



Eagle Express
FEDERAL CREDIT UNION

567 S. State Street
PO Box 567
Jackson, MS 39205
PH: 601-355-6363
TF: 800-698-7570

Owner Information (As Applicable and as Required by the Credit Union)

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Name _____ Owner Number _____ Home Phone _____ Work Phone _____

Unauthorized or Improper ACH Transaction Information (Complete all fields that apply to this transaction.)

2

Account Number (if applicable) _____ Card Number _____ Check Number _____ Debit Amount _____ Correct Debit Amount (2 below) _____

Date Debit **Occurred** _____ Date Debit **Authorized** (3 below) _____ Date Authorization **Revoked** (4 below) _____ Person or Entity Debiting the Account or Being Paid _____

Declaration Concerning the Unauthorized or Improper ACH Debit Transaction

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By my signature below, I hereby attest that I have reviewed the circumstances of the above automated clearing house (ACH) debit to my account that is unauthorized or improper, and state that the reason the ACH debit is unauthorized or improper is because:

- ☐ 1. The ACH debit is **unauthorized** (I never agreed to this ACH withdrawal).
- ☐ 2. The ACH debit is for an **incorrect amount** (I authorized the ACH, but the withdrawal amount is different than the amount authorized (see Correct Debit Amount field above)).
- ☐ 3. The ACH debit was **paid before the date I authorized** for the withdrawal (see Date Debit Authorized field above).
- ☐ 4. The authorization for ACH debit was **revoked** (I initially authorized the ACH, but revoked the authorization with the party prior to the date of the withdrawal (as noted in the Date Authorization Revoked field above)). May not be used for ARC, BOC, POP or RCK transaction.
- ☐ 5. The ACH debit was **not completed** (I authorized the ACH debit, but the payment was not made to the payee).
- ☐ 6. **A check was improperly converted** to an ACH debit transaction because: 1) both my check and an ACH debit representing the check were paid on my account, 2) I did not receive a notice stating that my check may be converted or re-presented as an ACH debit, or 3) my check that was converted to an ACH debit was altered, the signatures were not authentic or authorized, or the amount paid was not the same as the written amount.

Additional Facts, Information or Comments about the Unauthorized or Improper ACH Debit Transaction (Optional)

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Certification & Promises by the Owner

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Certification: I certify under penalties of perjury that I have read this statement in its entirety and attest that all information provided and all certifications made in this Statement are true and correct. I have reviewed my periodic statement, account or internet service and have discovered that the automated clearing house (ACH) debit identified in this statement charged to my account is unauthorized or improper. I attest that the ACH debit above was not originated with fraudulent intent by me or any other person acting in concert with me. I agree that your credit union and anyone else to whom this Statement is provided may rely on the information and certifications contained in it.

Promise to Indemnify, Defend and Hold Harmless: I agree to indemnify, defend, and hold harmless your credit union and any other person who relies on this Statement from all claims, damages, losses and costs (including attorney fees) because of actions taken in reliance on the information provided or the certifications and promises made in this Statement.

Information, Release of Information and Cooperation: I agree that I may need to provide your credit union with additional information concerning the unauthorized or improper ACH debit to my account. I consent to the release of any information in this Statement to any person who has a business or law enforcement interest in the unauthorized or improper ACH debit.

Owner Signature _____ Owner Signature _____ Owner Signature _____

Acknowledgement by Notary Public (Required at the Election of the Credit Union)

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State of _____ in the county of _____, Notary _____

This Agreement was signed before me on _____ Commission Expires _____

by _____
Name(s) of Owner(s)

Notary Seal

Employee Name _____ ID Number _____ Statement Date _____ ☐ Reviewed