



Written Statement of Unauthorized Debit

1. Account / Transaction Information

Account Holder Name: _____

Account Number: _____

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

Party Debiting the Account: _____

2. Statement

I, the undersigned, hereby attest that (i) I have reviewed the circumstances of the above electronic (ACH) debit to my account, (ii) the debit was not authorized, and (iii) the following, to the best of my knowledge, is the reason for the error:

_____ I did not authorize the party listed above to debit my account.

_____ I revoked the authorization before the debit was initiated.

_____ My account was debited before the date I authorized.

_____ My account was debited for an amount different than I authorized.

_____ My check was improperly processed electronically.

_____ Other (must specify) _____

3. Signature

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the debit above was not originated with fraudulent intent by me or any person acting in concert with me. I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Signature: _____

Date: _____ Processed By: _____

**A \$20.00 fee will be assessed at the time of the request. Send completed form to:

Clearview Federal Credit Union / ACH Dept
8805 University Blvd., Moon Township, PA 15108
Or fax to: (412) 299-6034

