

WRITTEN STATEMENT OF UNAUTHORIZED DEBIT (ACH)**Account and Transaction Information**

Name	Account Number	Amount of Debit	Date of Debit
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Company Debiting the Account

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 ability to identify, is the reason for that conclusion:

- ☐ I did not authorize the party listed above to debit my account
 - ☐ I revoked the authorization I had given to the party to debit my account 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 (ARC, BOC, POP, RCK)
 - ☐ Other (must specify)
- _____

Signature

I am an authorized signer or otherwise have the 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 in this statement is true and correct.

_____ Signature	_____ Date
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_____ Employee Accepting Form	_____ Date
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RETURN YOUR COMPLETED WRITTEN STATEMENT OF UNAUTHORIZED DEBIT FORM TO CASE CU:

Mail: Contact Center Specialist, CASE Credit Union, PO Box 22158, Lansing, MI 48910
In Person: Bring your completed form to any of our branch locations
Fax: 517.367.1100
Email: ContactCenter@CASECU.org