Written Statement of Unauthorized Debit (ACH)
In accordance with the ACH Rules

Service Federal Credit Union Corporate Offices
Stateside: P.O. Box 1268, Portsmouth, NH 03802 | 800.936.7730
Overseas: Unit 3019, APO AE 09021-3019 | 00800.4728.2000

Member Name: _____   Account Number: _____

Originating Company or Party Debiting the Account: (only one per form)

Date of Debit:	Amount:	Date of Debit:	Amount:
Date of Debit:	Amount:	Date of Debit:	Amount:
Date of Debit:	Amount:	Date of Debit:	Amount:

I (the undersigned) hereby attest that (i) I have reviewed the circumstances of the above electronic (ACH or Pre-Authorized Draft) debit to my account; (ii) the debit was not authorized, or did not conform to the terms of my authorization; and (iii) the following, to the best of my ability to identify, is the reason for that conclusion.

PLEASE SELECT THE APPROPRIATE REASON FOR YOUR REQUEST (Select only one):

UNAUTHORIZED DEBIT TO ACCOUNT USING BUSINESS SEC CODE *(CCD or CTX)* **[R05]** ***this is not common

AUTHORIZATION REVOKED BY MEMBER *(not valid for ARC, BOC, POP, RCK, CCD or CTX Entries)* **[R07]**
> I revoked the authorization, which I had previously given to the above-named company to debit my account, before the debit was initiated and in the manner specified in the authorization by the above-named party.

COMPANY IS NOT KNOWN AND/OR IS NOT AUTHORIZED TO DEBIT MEMBER'S ACCOUNT *(not valid for CCD or CTX Entries)* **[R10]**
> I did not authorize the above-named company to debit my account for the above listed entry or entries.

SIGNATURE ON CHECK USED FOR ACH ENTRY IS NOT AUTHENTIC OR AUTHORIZED *(ARC, BOC, POP)* **[R10]**

ENTRY NOT IN ACCORDANCE WITH TERMS OF AUTHORIZATION *(not valid for CCD or CTX Entries)* **[R11]**
> **Check one below:**
>
> The amount debited from my account was different from what I authorized. The amount I authorized the above-named company to debit was _____.
>
> The date the above-named company debited my account was different from what I authorized. I authorized the debit to be made no earlier than _____.
>
> The intended payee was not credited. *(Incomplete Transaction)*
>
> The above-named company improperly reinitiated the listed debit(s)

THE CHECK USED FOR THE ENTRY WAS NOT ELIGIBLE TO BE CONVERTED TO ACH *(ARC, BOC, or POP)* **[R11]**

BOTH THE CHECK ENTRY AND ACH DEBIT WERE PRESENTED FOR PAYMENT ON THE SAME ITEM *(ARC, BOC, or POP)* **[R37]**

THE RELATED RE-PRESENTED CHECK *(RCK)* **ENTRY IS INELIGIBLE OR THE RCK ENTRY IS IMPROPER FOR ONE OF THE FOLLOWING REASONS [R51]**

> **Check one below:**
>
> The required notice stating the Re-Presented Check Entry policy was not provided by the company listed above.
>
> The check is ineligible
>
> All signatures on the check are not authentic or authorized, or the check has been altered
>
> The amount of the Entry was not accurately obtained from the item.

THE ITEM AND THE RE-PRESENTED CHECK (RCK) **ENTRY HAVE BOTH BEEN PRESENTED FOR PAYMENT [R53]**

I request that a stop payment be placed on this company, on my account until _____ *(Expiration Date)* or _____ indefinitely.

I do not want a stop payment to be placed on this company

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the debit(s) above was (were) 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.

DATE	AUTHORIZED MEMBER SIGNATURE	PRINT NAME	EMAIL ADDRESS	PHONE NUMBER
DATE	EMPLOYEE SIGNATURE	PRINT NAME	EMAIL ADDRESS	PHONE NUMBER