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Written Statement of Unauthorized Debit (ACH) Form

For Unauthorized or Improper ACH Debit Transaction
Form may be returned by fax to 415.242.6574

1. Member Account and Transaction Information

Name:	Account Number:
Transaction Amount: \$	Date of Transaction:
Company/Party Debiting 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, 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 this conclusion.

I did not authorize the debit (ACH) to my account.¹ Check one below:

- I do not know or did not authorize the Company/Party listed above to debit my account.
- The signature of a check that was processed electronically is not my signature.

I authorized the Company/Party listed above to debit my account, but the entry does not conform to the terms of my authorization.² Check one below:

- My account was debited before the date that I authorized.
- My account was debited for an amount different than I authorized.
- The company/party that debited my account failed to make or complete the payment as instructed.
- My check was improperly processed electronically.

I authorized the Company/Party listed above to debit my account, but:

- I revoked the authorization I had given to the party to debit my account before the debit was initiated.³
- Other:

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.

Any intentional attempt to obtain money from a financial institution by misrepresenting whether a transaction was authorized may result in the imposition of fines up to \$1,000,000, or imprisonment up to 30 years, or both under the provisions of Federal law (18 U.S.C. §1344).

Member's Signature:	Date:
KL Opp Opened by:	
Date Received:	Date Completed:

¹ TPCU will use **R10** return reason code ² TPCU will use **R11** return reason code
³ TPCU will use **R07** return reason code