

# Sacred Heart Parish Federal Credit Union

1206 N. Texana St.  
Hallettsville, TX 77964  
(361) 798-4361

## Written Statement of Unauthorized Debit (ACH)

### 1. Account/Transaction Information

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 ability, 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.
- \_\_\_\_\_ Incomplete Transaction to Consumer Account
- \_\_\_\_\_ 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 \_\_\_\_\_