

WRITTEN STATEMENT OF UNAUTHORIZED DEBIT

ACCOUNT/TRANSACTION INFORMATION

First Name	Middle Name	Last Name
Membership Account Number		Amount of Debit
Date of Debit	Party Debiting the Account	

STATEMENT

I, _____ hereby attest that:

- (1) I have reviewed the circumstances of the above electronic debit to my account.
- (2) the debit was not authorized, and
- (3) the following, to the best of my ability to identify, is the reason for that conclusion:

<input type="checkbox"/> I did not authorize the party listed above to debit my account.
<input type="checkbox"/> I revoked the authorization I had given to the party to debit my account before the debit was initiated.
<input type="checkbox"/> My account was debited for an amount different than I authorized.
<input type="checkbox"/> My account was debited before the date I authorized.
<input type="checkbox"/> My check was improperly processed electronically.
<input type="checkbox"/> Other (must specify):

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 _____

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