

Written Statement of Unauthorized Debit (ACH)

Account/Transaction Information Member Name Account Number Date Debit Posted to Account Amount of Debit Party 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. (R10) I revoked the recurring payment authorization I had given to the party to debit my account before the debit was initiated. Can include pre-authorized payments or deposits (PPD), international ACH transactions (IAT), recurring internetauthorized entries (WEB), or telephone-initiated entries (TEL). (R07) I wish to stop any future debits connected with this revoked authorization. My account was debited before the date I authorized. (R10) My account was debited for an amount different from what I authorized. (R10) My check was improperly processed electronically. (R39) (R37) (R38) My account was debited but I did not receive credit with ____ _____(merchant name). (R10) This credit does not belong to me. (R23) Other (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. I understand SkyOne Federal Credit Union has up to 10 calendar days to process my request. **Member Signature** Date

Scan and email the form: OperationsSupport@SkyOne.org Fax: SkyOne Federal Credit Union ATTN: Operations Support

310.491.7410

Mail:

SkyOne Federal Credit Union ATTN: Operations Support P.O. Box 5003 Hawthorne, CA 90250