



25 Porter Road, Suite 100
 Littleton, MA 01460
 www.hfcu.org | 800.656.4328

WRITTEN STATEMENT OF UNAUTHORIZED DEBIT

Name: _____ Member Number: _____

Daytime Phone: _____ Email Address: _____

UNAUTHORIZED DEBIT

Please complete this form for unauthorized or improper ACH/Electronic Fund Transfer debit entries being deducted from your account. Pursuant to ACH Rules, this form must be completed in sufficient time to return the entry indicated below before sixty (60) days has expired. Note: This form is not valid for one time stop payments or goods or services not received. Do not use this form to dispute any plastic card transactions.

I have examined my account statement or I have otherwise become aware that an ACH debit entry dated _____ was charged to my account in the amount of \$ _____ by _____ (company name). Please return this ACH debit for the reason below – place a checkmark where applicable. To avoid delays, choose only one reason from the selection below. ACH entries from the above company may be returned indefinitely.

ACH DEBIT WAS DEDUCTED FROM:

Checking Suffix #: _____ Savings Suffix #: _____

Please select the one reason this debit was unauthorized:

- I did not authorize the party listed above to debit my account.
(For PPD, CIE, TEL, WEB, IAT or POP > R10 – Stop in XP2)
- I revoked the authorization I had given to the party to debit my account before the debit was initiated.
(For PPD or WEB > R07 – Stop in XP2)
- My account was debited before the date I authorized.
(For PPD, CIE, TEL or WEB > R11)
- My account was debited for an amount different than I authorized.
(For PPD, CIE, TEL, WEB, ARC, BOC or POP > R11 • For RCK > R51)
- My check was improperly processed electronically.
(For ARC, BOC or POP > R11 • For RCK > R51)
- There is a stop payment on the check that was used to initiate this debit. Stop Payment on Check # _____.
(For ARC, BOC or POP > R38 • For RCK > R52)
- There have been multiple debits from my account – a debit and a check – for the same purchase or billing.
(For ARC, BOC or POP > R37 • For RCK > R53)

If you wish to explain additional facts or circumstances, please attach additional sheets. Please check one box:

- There are additional sheets attached to this Written Statement.
- There are no additional sheets attached to this Written Statement.

I further declare that the debit entry was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own signature. If requested by the Originating Depository Financial Institution (ODFI), I agree that a copy of this statement may be provided. I assert that I am an authorized signer and/or have the authority to act on the account and that this Written Statement of Unauthorized Debit 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).

Signature: _____ Date: _____

FOR CREDIT UNION OPERATIONS USE

Member #: _____ ACH Debit Amount \$ _____ Operations Employee: _____

Company Name: _____ Company Description: _____

Company ID for ACH Item: _____ Effective Entry Date(s): _____

Standard Entry Class Code: _____ Trace #: _____

Return Reason Code: R _____ > Stop in XP2 Yes No (If yes, XP2/R08) > Date ACH Returned: _____

Please bring this completed form to a local branch; or

Mail to Hanscom Federal Credit Union
 Operations Department
 25 Porter Road, Suite 100
 Littleton, MA 01460-1434; or
Fax to Operations at 978.952.8533

Completed by Member Service Representative

Date _____ Teller/Operator # _____
Employee Name: _____