Unauthorized ACH Activity Statement of Unauthorized Debit Affidavit

ACCOUNT TRANSACTION	IFORMATION	
Account Name:		
Account Number:		
Amount of Debit:		
Date of Debit:		
Party Debiting the Accour		
	est that (i) I have reviewed the circumstances of the above electronic (ACH) of not authorized, and (iii) the following, to the best of my ability to identify	
☐ I did not authorize the pa	ry listed above to debit my account.	
☐ I revoked the authorizati	I had given the party to debit my account before the debit was initiated.	
My account was debited	efore the date I authorized.	
My check was improperl	processed electronically.	
Other (must specify):		
SIGNATURE	tifying that I are an authorized signer or have the authority to get an the s	
	tifying that I am an authorized signer or have the authority to act on the a attest that the debit above was not originated with fraudulent intent by me with me.	
I have read this statement correct.	its entirety and attest that the information provided on this statement is tr	ue and
Printed Name:		
Signature:	Date:	
FOR BANK USE ONLY		
Input Date:	Ву:	
Date Verified:	By:	