

**WRITTEN
STATEMENT OF
UNAUTHORIZED
ACH DEBIT**



PO Box 16877
Portland, OR 97292-0877
Office: 503-253-8193
Facsimile: 503-262-5326

ALL INFORMATION IN SECTION 1 IS REQUIRED

*Use this form for Debits that have ALREADY POSTED to the member's account.
Missing information may result in a delay in processing your request and/or provision of credit.*

1. Account / Transaction Information:

Name:	Account #:
Name of party who DEBITED your Account:	
Amount of Debit:	Date of Debit:
Amount of Debit:	Date of Debit:
Amount of Debit:	Date of Debit:
Amount of Debit:	Date of Debit:
Amount of Debit:	Date of Debit:

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) identifies the reason for that conclusion.

- I did not authorize the party listed above to debit my account.
- I revoked the authorization that I had previously given to the party to debit my account. I revoked the authorization before the debit was initiated.
 - I wish to stop any and all future debits connected with this revoked authorization.
- My account was debited BEFORE the date I authorized it to be.
- My account was debited for an amount that is different than the amount that I authorized.
- My check was improperly processed electronically.

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: _____

Office use only: _____	_____	_____
Taken By	Placed on System	Date