



WRITTEN STATEMENT OF UNAUTHORIZED DEBIT (ACH)

- Please fill out one form for each payee company.
- Return completed form to accounting for processing and credit. Mail to: Camino Federal Credit Union, P.O. Box 849, Montebello, CA 90640, Fax to: 323.517.9413, Email to: memberservice@caminofcu.org

Written Statement of Unauthorized Debit

I have examined the account statement or other notification sent by Camino Federal Credit Union indicating that an ACH debit entry posted to my account with the information below, The debit was unauthorized, revoked, improper, or incomplete.

Member Name		
Checking Account Number	Posting Date (MM/DD/YYYY)	Dollar Amount
Payee Company Name		

- ☐ **This ACH was unauthorized.**
An ACH debit can be considered unauthorized if: you never authorized the ACH debit entry from this account; you authorized an ACH debit from this account, but the debit amount is different than the amount authorized; or it was posted earlier than the date authorized.
- ☐ **The authorization for the ACH debit was revoked.**
You authorized the ACH debit but revoked the authorization, in accordance with your agreement with the Payee Company named above, prior to the date the debit posted to your account.
- ☐ **Incomplete Transaction.**
You authorized the ACH debit, but the payee did not receive the funds.
- ☐ **The check I wrote was improperly converted to an ACH debit.**
The following are scenarios that could be considered as improper conversions of your check:
- Both your check and an ACH debit were presented for payment from your account.
 - You did not receive a notice stating that your check may be converted or re-presented as an ACH debit.
 - Your check that was converted to an ACH debit was altered, the signatures were not authentic or authorized, or the amount used was not the same as the written check amount.

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 the statement is true and correct.

Signature is required.

Print Name: _____

Signature: _____ **Date (MM/DD/YYYY):** _____

I understand that I must report any unauthorized or improper ACH activity to Camino Federal Credit Union within 60 days of the date on which the transaction appeared, otherwise, Camino Federal Credit Union has no obligation to and I must resolve any disputes directly with the payee.