



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.

Transaction Information:

Account Suffix	Date of Debit (mm/dd/yyyy)	\$	Amount of Debit	Company or Party Debiting the Account
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Statement

I, the undersigned, hereby attest that (i) I have reviewed the circumstances of the above electronic debit (ACH) to my account; (ii) the debit was not authorized; and (iii) the following, identified to the best of my ability, is the reason for that conclusion:

Select one:

I did not authorize the debit to my account.

I do not know or did not authorize the party listed above to debit my account.

The signature of a check that was processed electronically is not my signature.

An ACH Stop will be placed to prevent any future transactions from processing

I authorized the party listed above to debit my account, but the entry does not conform to the term of my authorization.

My account was debited before the date that I authorized.

My account was debited for an amount different than I authorized.

My account was debited by an authorized third party, but that third party failed to make my payment as instructed.

My check was improperly processed electronically.

I authorized the party listed above to debit my account, but:

I revoked the authorization I had given to the party to debit my account before the debit was initiated.

A stop payment was placed on the check that was used to initiate this debit. Stop Payment on Check # _____

Other (must specify) _____

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

Company Name: _____ Company ID No.: _____ Effective Entry Date: _____
Standard Entry Class Code: _____ Trace #: _____ Return Reason Code: R _____ Stop in XP2 Yes No
Operations Employee: _____ Date Transaction Returned: _____ Investigation Complete Member Notified
Secondary Review of Resolution by Operations Employee other than above: _____

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: _____ Operator # _____

Employee Name: _____ Copy Provided to Member