

Written Statement of Unauthorized ACH Debit/Credit

(Please use a separate sheet for each Merchant)

 Account/Transaction Information Member Name: 	Member Number:	
Party Debiting/Crediting Account:		
Transaction Amount:	Posting Date:	Debit /
2. Statement I (the undersigned) hereby attest that (i) I had account; (ii) the debit/credit was not authorize to the best of my ability to identify, is the real	zed, or did not conform to the terms of r	
I did not authorize the debit/credit to m ☐ I do not know or did not authoriz ☐ My check was improperly proces	ze the party listed above to debit/cre	dit my account.
initiated.	•	y account before the transaction was is revoked authorization.
I authorized the party listed above to demy authorization.	ebit/credit my account, but the entry	y does not conform to the terms of
 □ My account was debited/credite □ My account was debited/credite □ A debit/credit to my account was □ Incomplete Transaction: My account omake my payment as instructed □ A debit to my account that was putwo times. 	d for an amount different from what s an improper reversal. ount was debited by an authorized thed.	hird party, but that third party failed
3. Signature I am an authorized signer, or otherwise hav debit/credit above was not originated with fr		
I have read this statement in its entirety and Any intentional attempt to obtain money from may result in the imposition of fines up to \$1, law (18 U.S.C. §1344).	m a financial institution by misrepresenti	ng whether a transaction was authorized
Signature:		Date:

Return completed form in person to a Sacramento Credit Union branch, by fax: 916-449-2785, or by mail: Sacramento Credit Union, P.O. Box 2351, Sacramento, CA 95812-2351

Revised: May 2023