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## Written Statement of Unauthorized/Improper Debit (ACH)

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### 1. Account/Transaction Information

**Member Name:** \_\_\_\_\_

**Member Account Number:** \_\_\_\_\_

**Amount of Disputed Debit Transaction:** \_\_\_\_\_

**Date of Debit Transaction:** \_\_\_\_\_

**Name of Debiting Party:** \_\_\_\_\_

### 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 to identify is the reason for that conclusion (*must pick one*):

**I did not authorize the Debiting Party to debit my account.**

**I revoked the authorization I gave to the Debiting Party to debit my account before the debit was initiated.**

**My account was debited before the date I authorized. The date I authorized the debit to be made on was to be on or after \_\_\_\_\_ (insert date).**

**My account was debited for an amount different than I authorized. The amount I authorized is \$\_\_\_\_\_ (insert amount you authorized).**

**My check was improperly processed electronically.**

**Other (must specify) \_\_\_\_\_**

### 3. Stop Payment of Debit

I (the undersigned) hereby request to (*must pick one*):

**DO NOT place a Stop Payment for the above Debiting Party to debit my account in the future (*this will allow future debits from the Debiting Party to debit your account*).**

**Place a Stop Payment on ALL future ACH Debit attempts from the above Debiting Party and I hereby confirm in writing that I have revoked any authorization I previously provided to the Debiting Party to debit my account. I understand that a Stop Payment Fee of \$32.00 will be accessed against my account for making this Stop Payment order.**

## 4. 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 attest to the terms and conditions set out below and instruct Credit Union 1 to follow the instructions indicated on this document.

I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

\_\_\_\_\_  
**Member Signature**

\_\_\_\_\_  
**Date**

**Email:** \_\_\_\_\_

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## Stop Payment Terms and Conditions

By directing Credit Union 1 to stop payment on the above transaction(s) the account holder agrees that Credit Union 1 is not obligated to honor a stop payment request that does not contain accurate information and provided in a timely manner. The account holder understands that it is necessary to provide the correct information related to the transaction, and that a failure to do so may result in the payment of the item. The account holder agrees to hold Credit Union 1 harmless and indemnify it for all expenses, costs, and damages incurred by payment of an item if such payment is the result of failure of the account holder to furnish any item of information requested above completely, accurately, correctly, and according to the timing requirements set forth below. Verbal stop payment orders cease to be binding after fourteen (14) calendar days unless written confirmation is provided to Credit Union 1 by the account holder within the fourteen (14)-day period.

### **Stop Payments of ACH/Electronic Check Items Affecting Consumer Accounts**

This written stop payment order shall remain in effect until the earlier of (1) the withdrawal of the stop payment order by the account holder, or (2) the return of the debit entry, or, where a stop payment order is applied to more than one debit entry under a specific authorization involving a specific Origination Company, the return of all such debit entries. For PPD\* entries, IAT\* entries and recurring WEB\* entries: Three (3) banking days advance notice prior to the expected transfer date of the debit entry is required to implement the stop payment request. If the stop payment order is received within three banking days of the expected transfer date, Credit Union 1 will attempt to satisfy the request of the account holder, but will not be held liable if sufficient time was not provided. For ARC\* entries, TEL\* entries, Single Entry WEB\* entries, RCK\* entries, POP\* entries, and BOC\* entries: The stop payment request must be provided to Credit Union 1 in such a time and in such a manner as to allow Credit Union 1 reasonable time to act on the stop payment order prior to acting on the debit entry.

### **Stop Payments of ACH/Electronic Check Items Affecting Non-Consumer Accounts**

The stop payment order is effective for six (6) months unless it is renewed in writing. The stop payment order must be provided to Credit Union 1 in such time and in such a manner to allow Credit Union 1 reasonable opportunity to act upon the stop payment order prior to acting on the debit entry.

Copy to: Financial Institution

Copy to: Account Holder

\* ARC – Accounts Receivable Entry

IAT – International ACH Transaction

PPD – Prearranged Payment and Deposit Entry

BOC – Back Office Conversion

POP – Point of Purchase Entry

RCK – Represented Check Entry

TEL – Telephone Initiated Entry

WEB – Internet – Initiated Entry