



## ACH Dispute Form - Written Statement of Unauthorized Debit

### 1. Transaction Information

Name \_\_\_\_\_ Member Number \_\_\_\_\_

Date of Debit(s) \_\_\_\_\_ Amount of Debit(s) \_\_\_\_\_

Party Debiting the Account \_\_\_\_\_

### 2. Statement

I (the undersigned) hereby attest to all of the following:

1. I have reviewed the circumstances of the above electronic debit to my account
2. The debit was not authorized
3. The following, to the best of my ability to identify, is the reason for the conclusion:

\_\_\_\_\_ I did not authorize the party listed to debit my account

\_\_\_\_\_ I revoked the authorization I had given to the party to debit my account before the debit was initiated  
(recurring transactions only)

\_\_\_\_\_ My account was debited before the date I authorized

\_\_\_\_\_ My account was debited for an amount different than the amount 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 I, or any person acting in concert with me, did not originate this debit with fraudulent intent. I understand that Superior Credit Union may request further documentation to process the dispute of this item and failure to comply with requests for documentation will invalidate this dispute.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Credit Union Use Only

Request Received

by \_\_\_\_\_ Date \_\_\_\_\_

SEC Code \_\_\_\_\_ Return Reason Code \_\_\_\_\_ Date Returned \_\_\_\_\_

Date of Re-Credit \_\_\_\_\_ MRM Note \_\_\_\_\_ Returned by \_\_\_\_\_