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WRITTEN STATEMENT OF UNAUTHORIZED ACH DEBIT

I, _____, state that I have examined my account at Tower Federal Credit Union and determined that one or more ACH debit entries were posted to my Account No. _____, which were unauthorized or improper. The company name debiting the account was _____.

The date(s) and amount(s) of the ACH debit(s) are as follows:

Transaction Information: (Only entries posted within the last 60 days are eligible for immediate reimbursement. Items posted past the 60 day time frame will require further investigation.)

DATE POSTED	AMOUNT	DATE POSTED	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHECK ONE Box from one of the three Options:

I did not authorize the debit to my account. (R10)

- I did not authorize the party listed above to debit my account.
- The signature of a check that was processed electronically is not my signature.

I authorized the party listed above to debit my account, but the entry does not conform to the terms of my authorization. (R11)

- My account was debited before the date 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 (ARC, BOC, POP and RCK entries **ONLY**).
- A debit to my account that was previously returned was improperly reinitiated.

I authorized the party listed above to debit my account, but: (R07)

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

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 this statement is true and correct.

Member's Signature

Date _____

For Tower Use Only:

Employee Initials _____ Teller # _____ Branch _____ Ext. _____ Date _____