

Written Statement of Unauthorized Debit (ACH)

255 N. Lone Hill Ave. San Dimas, CA 91773 | 800.347.2228 (CCCU) | F: 626.915.1370 | info@myCCCU.com | myCCCU.com

1. Member Information			
Member Name	Account Number Suffi		Suffix
Daytime Phone		Cellular Phone	
2. Transaction Information			
Company Name			
Date of Debit		Amount of Debit	
		\$	
I would like to revoke all future transactions from this company.			
(A \$30.00 Stop Payment/Revoke fee will be charged for transactions that have been previously authorized.)			
3. 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:			
□ I do not have a relationship with the company listed above, and I did not authorize the debit to my account.			
□ I do have a relationship with the company listed above, but I did not authorize the debit to my account.			
□ I revoked the authorization I had given to the company to debit my account before the debit was originated.			
\Box My account was debited before the date I authorized.			
\Box My account was debited for an amount different than I authorized.			
☐ My check was improperly processed electronically.			
□ Other (must specify):			
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 have read this statement in its entirety and attest that the information provided on this statement 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 imposi-			
tion 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).			
Member Signature		Date	
Х			

You may fax your request to 626.915.2210

For Credit Union Use Only

Issued By _

_____ Date ____

Entered By _____ Date __