

Administration Building 2060 Red Lion Road Philadelphia, PA 19115 215-969-0777 www.amhfcu.org

WRITTEN STATEMENT OF UNAUTHORIZED DEBIT (ACH)

ACH Transactions ONLY

I – Acc	unt/Transaction Information
Name:	
Accour	Number:
Amoun	of Debit*:
Date of	Debit:
Name o	Company Debiting Account:
II – Sta	ement
	dersigned) hereby attest that (i) I have reviewed the circumstances of the above electronic (ACH) debit to my account, (ii) to not authorized, and (iii) the following, to the best of my ability to identify, is the reason for that conclusion:
	I did not authorize the party listed above to debit my account.
	I revoked the authorization I had given to the party to debit my account before the debit was initiated. Date of revocation:
	My account was debited before the date I authorized. Date payment was authorized to be debited:
	My account was debited for an amount different than I authorized. Amount authorized to be debited: \$
	My check # was improperly processed electronically. (ARC)
	Other (must specify)
III – Si	nature
was not	authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the debit above originated with fraudulent intent by me or any person acting in concert with me. I acknowledge that any previously and debits are subject to a \$25.00 revoke fee to be charged by American Heritage Federal Credit Union.
I have 1	ad this statement in its entirety and attest that the information provided on this statement is true and correct.
Printed	Name: Signature:
Date:	
*A sepa	rate form must be completed for each Unauthorized Debit.
	Credit Union Use Only
Date Re	reived: Teller Initials: