



WRITTEN STATEMENT OF UNAUTHORIZED DEBIT

1. Account/Transaction Information

Name: _____ Account Number: _____

Party Debiting the Account or Originator of Debit: _____

Table with 4 columns: Amount of Debit:\$, Date of Debit, Amount of Debit:\$, Date of Debit. Three rows.

2. Statement

[] UNAUTHORIZED DEBIT TO CONSUMER ACCOUNT USING CORPORATE SEC CODE (CCD or CTX)-RETURN REASON CODE R05

[] AUTHORIZED REVOKED BY CUSTOMER – RETURN REASON CODE R07

I previously authorized the above said company to debit my account, but revoked my authorization in the manner specified by above named company on _____

CUSTOMER ADVISES NOT AUTHORIZED, IMPROPER, OR INELIGIBLE (CHECK ONE) – RETURN REASON CODE R10 (FOR RCK – SEE BELOW)

- [] I did not authorize and have never authorized the above company to debit my account
[] The amount debited from my account was different than what I authorized. The amount I authorized the above named company to debit was \$_____
[] The date the above named company debited my account was different than what I authorized. I authorized the debit to be made no earlier than _____
[] The authorization was not clear and understandable
[] The source document used for the entry (ARC, BOC & POP) was no an eligible source document (See Article 8, Section 8.32 of the NACHA Operating Rules and Guidelines)
[] THE SOURCE DOCUMENT (ARC, BOC & POP) WAS PRESENTED FOR PAYMENT – RETURN REASON CODE R37

THE ITEM TO WHICH THE RE-PRESENTED CHECK (RCK) ENTRY RELATES IS INELIGIBLE OR RCK ENTRY IS IMPROPER FOR ONE OF THE FOLLOWING REASONS: RETURN REASON CODE R51

- [] The required notice stating the re-presented check entry policy was not provided by the Originator
[] The check is eligible
[] All signatures on the check are not authentic or authorized, or the check has been altered
[] The amount of the entry was not accurately obtained from the item

[] THE ITEM AND THE RE-PRESENTED CHECK (RCK) ENTRY HAVE BOTH BEEN PRESENTED FOR PAYMENT – RETURN REASON CODE R53



3. 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.

Date:

Customer/Member Signature:

Print Name:

SWACHA is in no way responsible for any error or omission in this statement. This form was devised in accordance with the ACH Operating Rules. Further clarification may be obtained from a current Rules book, legal counsel, or from the SWACHA Payments Answer line™ at 1-800-475-0585. *NI* Rights Reserved. No part of this publication may be reproduced or transmitted in any form without permission in writing from the publisher- SWACHA The Electronics Payments Resource®, 1999 Bryan St., Ste. 3600, Dallas, TX 75201.

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