

WRITTEN STATEMENT OF UNAUTHORIZED DEBIT
(ACH Transactions only)

Name: _____ Account #: _____

Amount of Debit: _____ Date of Debit: _____ Name of Company: _____

I, (the undersigned) hereby attest that I have reviewed the circumstances of the above electronic (ACH) debit(s) to my account and determined that the debit(s) were not authorized by me for the following reasons (check the reasons that apply).

I have never authorized the party listed above to debit my account. *(R10-Consumer only)*

I had authorized the above party to debit my account one or more times but; *(R10-Consumer only)*

Amount debited is different from amount authorized. Authorized amount: _____.

The debit was made earlier than the date authorized. Authorized on or after date: _____.

The Company debiting my account failed to make or complete the corresponding payment to the intended Third-Party payee. *(R10-Business after 3/21/14 only ARC, BOC, POP)*

Other (specify):

I revoked the authorization I had given the company according to agreement prior to the debit being initiated. *(R07-PPD, Consumer IAT, WEB & Tel only)*

My check was improperly processed electronically. (Ex: Notice not provided according to Rules, item altered, signature not authentic, amount not accurately obtained.) *(R10-ARC, BOC, POP)*

Both the check AND ACH entry debited my account. *(R37-ARC, BOC, POP; R53-RCK only)*

Unauthorized Corporate Entry posting to consumer account. *(R05-CCD)*

Electronically re-deposited item improperly processed. (Ex: Notice not provided according to Rules, item altered, signature not authentic, amount not accurately obtained.) *(R51-RCK only)*

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the debit 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.

Signature: _____ Date: _____

Instructions to complete the Written Statement of Unauthorized Debit

Before completing the form, review the following:

1. The Debit to the account is **not** older than 60 days. Debits older than 60 days may not be disputed in this manner. Wings Financial Credit Union can provide contact numbers for the debiting company to assist you in resolving the issue. Note: The Rules may differ for Business Account disputes, most items must be returned within 24 hours of settlement. Please contact the Credit Union with questions.
2. Is the amount familiar? Sometimes the company name is different than expected.
3. Is there a check # in the description? Did you write this check number out to anyone? Were you given the check back? Many checks now clear electronically.
4. Did you give anyone your account information over the phone, internet or a Bill Pay site?
5. Did you sign an authorization for this company or amount?
6. Did you order something over the internet?
7. Did you pay this company's bill by check? Did you receive notice that they would convert it to an electronic payment?

You may submit multiple disputes for the same company on this form.

You may not file a dispute as an unauthorized entry to your account because you are dissatisfied with the merchandise. You will need to work directly with the company to resolve such issues.

Please be sure that you have signed and dated the form before sending it to Wings Financial Credit Union.

Mailing Address and Fax Number:
Wings Financial Credit Union
14985 Glazier Ave, Suite 100
Apple Valley, MN 55124
Fax (952)997-8069