



P.O. Box 623 | Chipley FL, 32428

Written Statement of Unauthorized Debit

Automated Clearing House (ACH)

Unauthorized ACH Transaction(s) (R10) or ACH Authorization Revoked (R07)

Name(s): _____	Date: _____
Address: _____	
Phone Number - Home/Cell _____	Work _____
Account Number: _____	Type of Account: _____

I have reviewed the statement or other notification from **Community South** Credit Union indicating that an electronic (ACH) debit entry originated by the company known as _____ (the "Originator") was charged to my Account No. _____ on _____, in the amount of \$ _____, and I attest that the debit was unauthorized, improper, or the authorization was previously revoked.

1. I have truthfully and correctly completed the corresponding section(s) of this form indicating the type of unauthorized activity pertaining to my request.
2. The amount stated in the description of unauthorized activity is justly due to me. I have made this Written Statement of Unauthorized Debit voluntarily, and for the purpose of obtaining the described amount and establishing the fact of unauthorized activity.
3. I agree to reimburse **Community South** Credit Union (the "Credit Union") for any amount of money credited to me plus any costs and losses incurred by the Credit Union as a result of my making this Written Statement of Unauthorized Debit to the Credit Union, if it is found that I have made any material mistakes or misrepresentations in this statement.
4. This statement is not effective for 24 hours after receipt by the Credit Union and is not binding unless all information supplied by me is correct.
5. No withdrawal or cancellation of this statement shall be valid unless in writing and processed by the Credit Union.
6. I agree that if it applies. I have revoked any previous authorization given to the Originator in the manner specified in the agreement between me and the Originator. Upon request, I will provide a copy of the revocation to the Credit Union. If the Credit Union does not receive a copy of the revocation within 14 business days after said request, the Credit Union may honor subsequent debits from the Originator against this account.
7. The Credit Union and the undersigned hereby agree to abide by the rules and regulations as outlined in the Uniform Commercial Code governing Stop Payment orders and the "NACHA" rules governing ACH revoked debits.

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I further attest that the debit transaction was not originated with fraudulent intent by me or any person acting in concert with me.

I have read this statement in its entirety, attest that the information provided on this statement is true and correct, and that the signature below is my own proper signature.

Primary Member Signature & Date

Joint Owner Signature & Date (if applicable)

This Written Statement of Unauthorized Debit must be signed by the person who entered into the original agreement on or after the date of the debit/withdrawal.