

## CHECKLIST FOR ACH FRAUD

***This form is to be used for Consumer Accounts. If a transaction has an ACH Entry Class Code of CCD or CTX, use the Written Statement of Unauthorized Debit (ACH)-Business form.***

- If the posted date of the unauthorized ACH transaction is greater than 55 days, please contact Deposit Servicing to insure our right of return as the time frame for returning an unauthorized ACH item is 60 days.
- Print the ACH Warehouse detail for each transaction. The Entry Class Code information is needed to complete the Written Statement of Unauthorized Debit (ACH) form.
- As of March 19, 2010, you may list multiple transactions and their corresponding dates on the same form as long as the party debiting the account is the same. Otherwise, you must complete a Written Statement of Unauthorized Debit (ACH) for each transaction.
- If the debit authorization has been revoked or the ACH debit is unauthorized place a "Unauth ACH" stop payment for each item. This ACH stop payment is placed for an indefinite period of time and will not be removed unless requested by the member in writing. The stop payment should be placed according to the New Accounts Procedure.
- The member must sign the form, as indicated.
- The member's signature must be notarized
- A copy of the signed form should be provided to the member for their records.
- Credit will be issued to the member's account once the Written Statement of Unauthorized Debit has been received and processed. However, please contact Deposit Servicing if special handling is required.

Completed by \_\_\_\_\_ / \_\_\_\_\_  
Branch Employee Name/Employee Number

**Please forward all of the above requested documents to ACH Desk in Deposit Servicing**

Completed by \_\_\_\_\_ / \_\_\_\_\_  
Branch Employee Name Employee Number



Written Statement of Unauthorized Debit (ACH)

Account Information

Member Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Transaction Information:

Transactions: Multiple transactions may be listed with corresponding dates if Party debiting the account is the same. Otherwise, a separate form must be used for each transaction.

Party Debiting the Account: \_\_\_\_\_

- 1. Date: \_\_\_\_\_ Amount: \_\_\_\_\_
2. Date: \_\_\_\_\_ Amount: \_\_\_\_\_
3. Date: \_\_\_\_\_ Amount: \_\_\_\_\_
4. Date: \_\_\_\_\_ Amount: \_\_\_\_\_
5. Date: \_\_\_\_\_ Amount: \_\_\_\_\_
6. Date: \_\_\_\_\_ Amount: \_\_\_\_\_
7. Date: \_\_\_\_\_ Amount: \_\_\_\_\_
8. Date: \_\_\_\_\_ Amount: \_\_\_\_\_
9. Date: \_\_\_\_\_ Amount: \_\_\_\_\_
10. Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Statement

I (the undersigned) hereby attest that (i) I have reviewed the circumstances of the 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:

CHECK ONE:

- 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.
My account was debited before the date I authorized.
My account was debited for an amount different than I authorized.
My check was improperly processed electronically.

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 valid.

Date

Signature

Notary: State of: \_\_\_\_\_ County of: \_\_\_\_\_

Subscribed and sworn before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature: \_\_\_\_\_ My Commission expires on: \_\_\_\_\_

Completed by \_\_\_\_\_ / \_\_\_\_\_
Branch Employee Name Employee Number