



CHECKLIST FOR ACH FRAUD BUSINESS TRANSACTIONS

This form is to be used for all transactions occurring on an account with the Entry Class Code (ECC) of (CCD or CTX) occurring on a Business or Consumer Account.

Print the ACH Warehouse detail on each transaction. The Entry Class Code information is needed to complete the Written Statement of Unauthorized Debit (ACH) Business Form:

- **CCD**- Is a Standard Entry Class Code used by Business Originators for Cash Concentration and Disbursement. The member only has **24 hours** from when the ACH item posts to the account to dispute or claim fraud.
 - **NOTE: If a CCD transaction has cleared a consumer account, they still have 60 calendar days to dispute the transaction. If it has been more than 55 days please contact Deposit Servicing to insure we are still within time frame.**
- **CTX**- Is a Standard Entry Class Code used by Business Originators for Corporate Trade Exchange Entries. The member only has **24 hours** from when the ACH item posts to the account to dispute or claim fraud.

Place an Unauthorized ACH stop payment on each item in question using one or all of the following:

- Company I.D.
- Dollar Amount
- Check Number

NOTE: An ACH Stop Payment for "Unauthorized" is indefinite-there will be no expiration date unless the member requests one.

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.

Have member sign the form and give the member a copy

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)

Business Transactions

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: _____ 6. Date: _____ Amount: _____
2. Date: _____ Amount: _____ 7. Date: _____ Amount: _____
3. Date: _____ Amount: _____ 8. Date: _____ Amount: _____
4. Date: _____ Amount: _____ 9. Date: _____ Amount: _____
5. 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:

- [] The corporate item submitted is a consumer debit, and was unauthorized. (60 calendar days)
[] The corporate item submitted to a corporate account is not authorized. (24 hours)

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