



700 Patroon Creek Blvd., Albany, NY 12206

800-727-3328

[www.broadviewfcu.com](http://www.broadviewfcu.com)

## Written Statement of Unauthorized ACH Debit

### 1. Account/Transaction Information

Name \_\_\_\_\_ Account Number \_\_\_\_\_  
 Amount of Debit \_\_\_\_\_ Date of Debit \_\_\_\_\_  
 Company Name \_\_\_\_\_

### 2. Statement

I (the undersigned) hereby attest that (i) I have reviewed the circumstances of the above electronic (ACH) debit to my account; (ii) the debit was not authorized or did not conform to the terms of my authorization; and (iii) the following, to the best of my ability to identify, is the reason for that conclusion.

**I did not authorize the debit to my account.**

- I do not know or did not authorize the company listed above to debit my account.
- The signature of a check that was processed electronically is not my signature.

**I authorized the company listed above to debit my account, but the entry does not conform to the terms of my authorization.**

- My account was debited before the date that I authorized.
- My account was debited for an amount different than I authorized.
- My account was debited by an authorized third party, but that third party failed to make my payment as instructed.
- My check was improperly processed electronically.
- A debit to my account that was previously returned was improperly reinitiated.
- A debit to my account was an improper reversal.

**I authorized the company listed above to debit my account, but:**

- I revoked the authorization I had given to the company to debit my account before the debit was initiated.

### 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 acknowledge if I select I did not authorize or I revoked the authorization, Broadview will place a stop payment to prevent future debits from the company until such time I notify Broadview to cancel the stop payment. Must be signed, dated, and received within 60 days of transaction statement date to receive immediate credit.

I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Broadview Received \_\_\_\_\_

Approved

Date Credit Provided \_\_\_\_\_

Rejected

Reject Reason \_\_\_\_\_