Written Statement of Unauthorized Debit (ACH)

Form may be returned by fax to 770-420-3850

State of ____________________________  Member Account # ____________________________

County of ____________________________  Daytime Telephone # ____________________________

I, ____________________________, state that I have examined my statement or other notification from LGE Community Credit Union indicating that an ACH (electronic) debit entry was charged to my account on ____________________________ (date) in the amount of $ ____________________________, and that the debit was unauthorized or improper.

☐ I have multiple unauthorized entries for the same company. (If additional space is needed, please use back of form)

Date ____________________________  Amount ____________________________

Date ____________________________  Amount ____________________________

☐ I want to stop payment on all future payments from this company and have completed an ACH Stop Payment Request to accompany this Written Statement of Unauthorized Debit (there is a one-time, $30.00 fee to place an ACH Stop Payment).

This entry was / These entries were (Please select one):

☐ Unauthorized complete section I and section III

☐ Revoked prior to this payment posting, by notifying the company in the manner specified in the agreement. Complete section I and section III

☐ Improper (a check improperly converted to ACH) complete section II and section III.

Section I: Unauthorized and Revoked Entries: I further state that: (check one)

☐ I did not authorize, and have not ever authorized, _________________ (company) to originate one or more ACH entries to debit funds from any account at this financial institution. (R10 orR05)

☐ I authorized _________________ (company) to originate one or more ACH entries to debit funds from my account, but on ____________________________ (date) I revoked that authorization by notifying the company in the manner specified in the authorization. (R07)

☐ I authorized _________________ (company) to originate one or more ACH entries to debit funds from my account but:

☐ The amount debited is different than the amount I authorized to be debited. The amount I authorized is ____________________________ (R10)

☐ The debit was made to my account on a date earlier than the date on which I authorized the debit to occur. I authorized the debit to be made to my account on or no earlier than ____________________________ (date). (R10)

☐ I did not authorize the specific payment referenced above. (R10)

☐ The Originator, Third-Party Sender or ODFI of the debit Entry failed to make or complete the corresponding payment to the intended third-party payee _________________ (company) (R10)

Section II: Improper Entries (Checks ineligible for conversion to ACH or improperly converted): I further state that: (check one)

ARC (Accounts Receivable Entries), BOC (Back Office Conversion) or POP (Point of Purchase)

☐ Both the check and the ACH entry to which it relates have been presented for payment (R37)

☐ The amount of the ACH entry was not accurately obtained from the check (R10)

☐ Notice was not provided by the Originator in accordance with the requirements of the NACHA ACH Operating Rules (R10)

☐ Improper Source Document (R10)

RCK (Re-presented - NSF - Bounced Check Entries)

☐ The item to which the entry relates is ineligible to be initiated as an RCK entry (R51)

☐ The required notice stating the terms of the Re-presented Check Entry policy was not provided by the Originator in accordance with the requirements of the NACHA ACH Operating Rules (R51)

☐ All signatures on the item to which the RCK entry relates are not authentic or authorized, or the item has been altered (R51)

☐ The amount of the RCK entry was not accurately obtained from the item (R51)

☐ Both the RCK entry and the item to which the RCK entry relates have been presented for payment (R53)

☐ Check paid by other means (R51)

Section III: Signature Required

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

Signature ___________________________________________  Date ________________

LGE Rep (Initials/Teller #) ____________________________  Branch # ____________________________  Date received ________________

For ACH Staff Use Only

Transaction Date  Trace #  Transaction Date  Trace #  Transaction Date  Trace #

Date Received  Returned By (Initials & Teller #)  Date Returned

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