Written Statement of Unauthorized Debit
(Item to be returned must have already cleared member account)

Date of Request _____ Member # _____ Account # _____ Amount $_____

Member Name _____ Originating Company Name _____Date of Transaction _____
I state that I have examined the documentation for this transaction. The debit was unauthorized or improper as indicated below.

Please Select Only *One* Item Below.

An **unauthorized** debit (except for TEL entries) means an electronic fund transfer (EFT) from your account initiated by a person who was not authorized by you, via a **writing** that was either signed or similarly authenticated, to initiate the transfer. With respect to TEL entries, an unauthorized debit means an EFT from your account initiated by a person who was not authorized by you, via an **oral** authorization, to initiate the transfer. An EFT in an amount different than that authorized by you or **earlier** than you authorized is also an unauthorized debit. An unauthorized debit does not include an EFT initiated with fraudulent intent by you or any person acting in concert with you.

____ I did not authorize and have never authorized the company indicated above to originate one or more ACH entries to debit funds from my account at 1st Community Federal Credit Union.

____ I authorized the company indicated above to originate one or more ACH entries to debit my account, but on _____ , 20____ I revoked that authorization by notifying them in the manner specified in the authorization.

____ I authorized the company indicated above to originate one or more ACH entries to debit my account but the amount is different than the amount that I authorized. The amount authorized is $_____ .

____ I authorized the company indicated above to originate one or more ACH entries to debit my account but the debit was made on a date earlier than the date that I authorized. I authorized the debit to be made no earlier than _____ , 20____ .

An **improper** debit means a Re-presented Check Entry [RCK], Point-of-Purchase Entry [POP],r Accounts Receivable Entry [ARC] or Back Office Conversion Entry [BOC] that meets the criteria described below.
For RCK entries:

____ the item to which the entry relates is ineligible to be initiated as an RCK entry.

____ 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 Operating Rules.*

____ all signatures on the item to which the RCK entry relates are not authentic or authorized or the item has been altered.

____ the amount of the RCK entry was not accurately obtained from the item.

____ both the RCK entry and the item to which the RCK entry relates have been presented for payment.
For ARC and BOC entries:

____ I opted out of check conversion activity
____ notice was not provided by the Originator in accordance with the requirements of the *NACHA Operating Rules.*

____ the source document used for the debit entry is improper.

____ both the source document and the ARC or BOC entry to which it relates have been presented for payment

____ the amount of the ARC or BOC entry was not accurately obtained from the source document.
For POP entries:

____ the debit entry for which the Receiver is seeking re-credit was not authorized by the Receiver.

____ the source document used for the debit entry is improper.

____ both the source document and the POP entry to which it relates have been presented for payment.

I further depose/state that the debit transaction was not originated with fraudulent intent by me or any person acting in concert with me and that the signature below is my own proper signature, OR authorized signer has authority to act on account

I CERTIFY THAT THE WRITTEN STATEMENT FOREGOING IS TRUE AND CORRECT.
Member Signature _____

Attach Printout of Member Account Showing the Most Recent Withdrawal and Description.

MEMBER SERVICES USE ONLY

Request received by:
Name   Teller # ____ Branch Wildewood

Date: _____	Time: 2:11 PM	Called in to Accounting Dept: Name :_____ Time: _____

ACCOUNTING DEPARTMENT USE ONLY

ACH Company ID	Processed by:	Date:	Return Code: