



P.O. Box 61530  
 Boulder City, NV 89006  
 Phone (702) 293-7777  
 Fax (702) 293-0731

Account No. \_\_\_\_\_

## Written Statement of Unauthorized Debit (ACH)

**1. Account/Transaction Information**

Name \_\_\_\_\_  
 Amount of Debit \_\_\_\_\_  
 Date of Debit \_\_\_\_\_  
 Party Debiting the Account \_\_\_\_\_

**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, and (iii) the following, to the best of my ability to identify, is the reason for that conclusion (choose 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.
- \_\_\_\_\_ Other (must specify) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

Once the form is filled out, mail or fax to the address or number above. If you require assistance, please visit the credit union office or call us at 702.293.7777 or 877.717.2328.

Phone No. \_\_\_\_\_

(Please provide a phone number where we can contact you for questions regarding this form.)