2021 Written Statement of Unauthorized Debit

for Unauthorized ACH Debit Activity

Accountholder:		Account Number:	
Originating Company o (only one per form)	Party Debiting the Account:		
te of Debit: te of Debit: te of Debit:	Amount: Amount: Amount:	Date of Debit:	Amount: Amount: Amount:
REASON FOR RETU			
R05 - UNAUTHOR		ACCOUNT USING CORPORATE SEC C	ODE (CCD or CTX)
I revoked the author	prization, which I had previously	IER (<i>not valid for ARC, BOC, POP, RCK,</i> given to the above-named party to debit nation by the above-named party.	,
		OT KNOWN TO RECEIVER AND/OR IS	NOT AUTHORIZED BY RECEIVE
	VER'S ACCOUNT (not valid for the above-named company to d	<i>CCD or CTX Entries)</i> lebit my account for the above listed entry	y or entries.
I did not authorize	the above-named company to d	,	
I did not authorize R10 - SOURCE D R11 - CUSTOMER (not valid for CCD The amount	the above-named company to d OCUMENT SIGNATURE IS NO R ADVISES ENTRY NOT IN AC or CTX Entries) Check one bel debited from my account was di	lebit my account for the above listed entry T AUTHENTIC OR AUTHORIZED (ARC CORDANCE WITH TERMS OF AUTHO ow: fferent from what I authorized. The amou	, BOC, POP) RIZATION
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I am an authorized signer on the above-referenced account or otherwise have authority to act on the account identified above. I attest that the listed debit(s) was (were) 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.

DATE (MM/DD/YY)

CUSTOMER/MEMBER AUTHORIZED SIGNATURE

PRINT NAME

PHONE NUMBER

DATE (MM/DD/YY)

FINANCIAL INSTITUTION REPRESENTATIVE SIGNATURE

PRINT NAME

EXTENSION

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