



Written Statement of Unauthorized Debit

For Unauthorized, Improper, or Revoked ACH Transactions

| | | | |
|--------------------------|--------------|---------------|-------------------------------------|
| Member Name | | Phone Number | |
| Account Number | Posting Date | Dollar Amount | Check Serial Number (if applicable) |
| Originating Company Name | | | Teller # (for CU use only) |

I hereby attest that: 1) I have reviewed the circumstances of the above electronic ACH debit to my account, 2) the debit was not authorized, and 3) to the best of my ability to identify, the funds should be returned for the reason indicated below.

Reason for return: (select one)

- I did not authorize the company listed above to debit my account.
- I revoked the recurring payment authorization I had given to the party to debit my account before the debit was initiated
- I wish to stop any future debits connected with this revoked authorization
- My account was debited before the date I authorized
- My account was debited for an amount different from what I authorized
- My check was improperly processed electronically
- Incomplete Transaction: My account was debited, but the corresponding payment was not credited to my account with the party listed above
- I did authorize the party listed above to debit my account, but they have reinitiated this debit to my account more than two times

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 is Required

| Signature | Date |
|-----------|------|
| | |

Please return completed form to:

Sound Credit Union | PO Box 1595, Tacoma, WA 98401 | Fax 253.597.7610