



**WRITTEN STATEMENT OF UNAUTHORIZED DEBIT**

State of \_\_\_\_\_

County of \_\_\_\_\_

Customer: \_\_\_\_\_

Card Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**I. UNAUTHORIZED USE OF AN ACCESS DEVICE**

I have carefully examined my checking/savings statement(s) for the period(s) \_\_\_\_\_ and that the following transactions were not made by me or anyone authorized by me.

Transaction Date	Amount	Transaction Type	ATM/POS Location

Check all applicable boxes:

- I certify that I had possession of the ATM card indicated above at the time the described transaction took place.
- I certify that I gave the ATM card indicated above to \_\_\_\_\_ on \_\_\_\_\_, whose address is \_\_\_\_\_.
- I certify that I had possession of my Personal Identification Number ("PIN") at the time the described transaction took place.

Please complete all requested information.

Was the PIN accessible to the unauthorized user? \_\_\_\_\_

Was the PIN written on the card? \_\_\_\_\_

Was the PIN written on anything else? \_\_\_\_\_

I first learned that the ATM card was lost/stolen on \_\_\_\_\_. The loss/theft was reported to the Financial Institution on \_\_\_\_\_ at its \_\_\_\_\_ branch. The circumstances of the loss/theft are as follows:

\_\_\_\_\_  
\_\_\_\_\_

**II. UNAUTHORIZED ACH DEBIT ACTIVITY**

**1. Account/Transaction Information**

Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
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:

- \_\_\_\_\_ I did not authorize the party listed above to debit my account.
- \_\_\_\_\_ I revoked 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 \_\_\_\_\_