

WRITTEN STATEMENT OF UNAUTHORIZED DEBIT (ACH)



I. Account Information

Full Name
|_____|

PID# |_____| Claim Number |_____|

II. Transaction Information

Originating Company	Debit Amount	Transaction Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. Statement

I (the undersigned) hereby attest that (i) I have reviewed the circumstances of the above electronic (ACH) debit(s) to my account, (ii) the debit(s) were 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 Originating Company listed above to debit my account.
- I revoked the recurring payment authorization I had given the Originating Company to debit my account before the debit was initiated.
- My account was debited/credited before the date I authorized.
- My account was debited/credited for an amount different from what I authorized.
- My account was debited by a third party, but the third party failed to make the payment as instructed.
- I was charged/credited more than once.
- A debit/credit to my account that was previously returned was improperly reinitiated.
- My check was improperly processed electronically.

IV. Signature

I am an authorized signer, or otherwise have the authority to act, on the account identified in this statement. I attest the the debit above was not originated with fraudulent intent by me or any person acting with me. I have read this statement in its entirety and attest that the information provided on this statement is true and correct and that the signature below is my own and proper signature.

Account Owner/Joint Owner Signature

Date (mm/dd/yyyy)

Verbal In Person

Br: _____ Tlr: _____

Confirmation _____

Any intentional attempt to obtain money from a financial institution by misrepresenting whether a transaction was authorized may result in the imposition of fines up to \$1,000,000, or imprisonment up to 30 years, or both under the provisions of Federal law (18 U.S.C. § 1344)

Please sign and return within 10 business days to your nearest NASA FCU branch or mail to:

NASA Federal Credit Union
P.O. Box 1588
Bowie, MD 20717-1588.

Alternately, a written statement of an unauthorized debit will be made available via docusign if the form is not attached at the time the claim is filed.