



ACH Dispute Form

Please complete the below Written Statement of Unauthorized Debit (ACH).

1. Account/Transaction Information

Name _____
 Account Number _____
 Amount of Debit _____ Date of Debit *(must be less than 60 days)* _____
 Party Debiting the Account _____

2. I, The Undersigned, Hereby Attest

(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 authorized the party listed above to debit my account, but the debit is part of an incomplete transaction.
- 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 did not originate 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 in this statement is true and correct.

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).

Signature _____ Date _____

Date Requested: _____ Date Received: _____ Emp Initials: _____

SEND TO ACCOUNTING DEPARTMENT IMMEDIATELY VIA EMAIL OR FAX