6001 Gibraltar Drive | P.O. Box 11269 | Pleasanton | CA 94588-1269 (800) 972-0999 | Fax: (925) 460-0225 | safeamerica.com

Written Statement of Unauthorized Debit (ACH)

Member Name:		Member #:
Amount of Debit:	Date Posted to Account:	
Party Debiting the Account:		
Statement I (the undersigned) hereby attest that: (1) I have reviewed the (ACH) debit to my account, (2) the debit was not authorized and (the problem, the following is the reason for that conclusion:		
 I did not authorize the party listed above to debit my account I revoked the recurring payment authorization I had given to the debit was initiated. I revoked the recurring payment authorization I had given to the debit was initiated. I wish to stop any future debits connected with this My account was debited before the date I authorized My account was debited for an amount different from what I at My check was improperly processed electronically 	he party trevoked	to debit my account before authorization.
Incomplete Transaction: My account was debited, but the payment was never received by the intended recipient. Other (specify)		
Statement I am an authorized signer, or otherwise have authority to act, on I attest that the debit above was not originated with fraudulent concert with me. I have read this statement in its entirety and attestatement is true and correct.	intent by	y me or any person acting in
Signature		Date

Clear Form Print SCU 12887.128 (4/16)