



Affidavit of Unauthorized ACH Activity

Permanent ACH Retrieval of Funds Disputed ACH 1-Month Stop (current month)

State of _____ Originating Company Name _____

Amount Debited (if any) \$ _____ Date Debited (if any) _____

I, _____, Account No. _____, have examined my statement or other notification from Certified Federal Credit Union regarding the originating company whose name appears above.

I depose and say that (select one):

_____ I did not authorize, and have not ever authorized, in writing the originating company that appears above to debit funds from any account at Certified Federal

_____ I authorized the originating company whose name appears above to originate one or more ACH entries to debit funds from my account, but on _____, 20__ I revoked that authorization by notifying the originating company in the manner specified in the authorization.

_____ I authorized the originating company whose name appears above to originate one or more ACH entries to debit funds from an account at Certified Federal, however, _____ the amount debited exceeds the amount I authorized to be debited. The amount I authorized is \$ _____.

OR

_____ the debit was made to my account on a date earlier than the date on which I authorized the debit to occur. I authorized the debit to be made to my account on or no earlier than _____, 20__ (month, day, year).

An unauthorized debit means an electronic fund transfer from a consumer's account initiated by a person that was not authorized by the consumer in writing to initiate the transfer. An electronic fund transfer in an amount greater than that authorized by the consumer also is an unauthorized debit. An unauthorized debit does not include an electronic fund transfer initiated with fraudulent intent by the consumer or any person acting in concert with the consumer.

I further depose and say that the debit transaction was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature.

Signature

Date

I understand that my Credit Union account may be charged \$20.00 per company to process my request.

NOTE: This affidavit must be completed and returned to Certified Federal promptly.

Certified Federal Member Signature

Date

FAX 626.246.3106

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