VantageWest CREDIT UNION

Written Statement of Unauthorized Debit (ACH)

Account Information

Member Name: _____   Contact Phone Number: _____

Account Number: _____

Transaction Information:

Transactions: *Multiple transactions may be listed with corresponding dates if Party debiting the account is the same. Otherwise, a separate form must be used for each transaction.*

Party Debiting the Account: _____

1.	Date: _____	Amount: _____	6.	Date: _____	Amount: _____
2.	Date: _____	Amount: _____	7.	Date: _____	Amount: _____
3.	Date: _____	Amount: _____	8.	Date: _____	Amount: _____
4.	Date: _____	Amount: _____	9.	Date: _____	Amount: _____
5.	Date: _____	Amount: _____	10.	Date: _____	Amount: _____

Statement

I (the undersigned) hereby attest that (I) I have reviewed the circumstances of the 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:

CHECK ONE:

❑   I did not authorize the party listed above to debit my account.

❑   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.

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 valid.

_____   _____
Date   Signature

Notary: *State of:* _____   *County of:* _____

　　　　　Subscribed and sworn before me on the _____ day of_____, 20_____

　　　　　Signature: _____*My Commission expires on:* _____

Completed by_____/_____
　　　　Branch Employee Name　　　Employee Number