



Statement of Disputed ACH Items

NAME OF CLAIMANT		WELLS FARGO ACCOUNT NUMBER	DATE
<input type="checkbox"/> Unauthorized I certify the transaction listed was not made by me or a person authorized by me.	<input type="checkbox"/> Authorization Revoked I certify that I have revoked the authorization and notified the person who originated the identified transaction in the manner specified in the authorization agreement. Revocation Date: _____	<input type="checkbox"/> Incorrect Amount or Date I authorized the person who originated the identified transaction to originate an ACH debit to my account, but the date/amount are incorrect. Correct Amount: _____ Correct Date: _____	<input type="checkbox"/> Double Posting The item listed below posted to my account more than once, OR the item AND the original check both posted to my account.
<input type="checkbox"/> Other (Please explain)			

Please include the following information on each disputed ACH item:

Transaction ID	Date	Amount	Merchant:
Transaction ID	Date	Amount	Merchant:
Transaction ID	Date	Amount	Merchant:
Transaction ID	Date	Amount	Merchant:
Transaction ID	Date	Amount	Merchant:

BY SIGNING BELOW, YOU ARE MAKING THE FOLLOWING DECLARATIONS:

CLAIM TOTAL:

- I did not receive any benefit or value from the proceeds of the item(s) listed above.
- I have not arranged with the person(s) who misused the item(s) listed above to be reimbursed for any portion of the proceeds of the item(s).
- I will cooperate in any investigation, promptly disclose any information requested by the Bank, and if necessary, prosecute the wrongdoer.
- I will testify to the truth of these statements in any case which may result from this affidavit.
- All information I have provided in this document is true.

I DECLARE UNDER THE PENALTY OF PERJURY THAT THE ABOVE STATED IS TRUE.

Signature and Title of Claimant	Date
Address of Claimant	Phone Number

Place Notary Stamp Here:

NOTARY INFORMATION

State of: _____ County of: _____
 Subscribed and sworn before me this _____ day of _____, (year) _____
 My Commission Expires _____

Signature of Notary Public
