

Unauthorized/Improper ACH Debit Activity

(ACH's Originated by other FI's)

Each Dispute must meet the following criteria in order to meet the Federal Regulation Guidelines:

1. The member must notify the Credit Union and complete this form within **60 Calendar days** of the date that the ACH DEFTI cleared the account.
2. A **CCD** charge on a business account has only **24 hours** in which a dispute can be processed. (Fax/Call Payment Services for immediate processing.)
3. For Bill Pay/Pop Money transfers set up through AFCU contact E-Support.

I, _____, state that I have examined the attached statement or other notification from America First Credit Union indicating that an ACH debit entry, by _____, was charged to my Account No. _____, on _____, 20____ in the amount of \$ _____, and that the debit was unauthorized or improper.

Stop further transactions from this company

For unauthorized entries, I further state that (check one):

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

I revoked the authorization I had given to the company to debit my account be for 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 share draft or check was improperly processed electronically.

Other (Please describe you reason in detail)

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the debit transaction 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 correct.

Signature: _____ Date: _____

Branch #: _____ Teller #: _____ Member Contact #: _____

FOR PAYMENT SERVICES USE ONLY

Posted by _____ Date _____ Verified not AFCU BillPay

