

Written Statement of Unauthorized Debit

State	e of	County of
		(consumer's name), state that I have examined my statement or other (financial institution) concerning an ACH entry (date) in the amount of \$ by (company name).
	I have multiple unauthorized entries for t back of form or on an attachment. I want to stop payment on future payme	the same company. Clearly state the details for each unauthorized entry on ents from this company.
	ACH entries to debit funds from any acc I authorized	orized, (company) to originate one or more count at this financial institution. (R10 or R05) (company) to originate one or more ACH entries to debit funds (month/day/year) I revoked that authorization by notifying the authorization. (R07) (company) to originate one or more ACH entries to debit funds amount I authorized to be debited. The amount I authorized is nt on a date earlier than the date on which I authorized the debit to occur. to my account on or no earlier than (month/day/year). (R10)
	nproper Entries (Checks ineligible for con ury, that (check one):	version to ACH or improperly converted) I further state under penalty of
	the required notice stating the terms of a in accordance with the requirements of t all signatures on the item to which the R altered. (R51) the amount of the RCK entry was not ac	CK entry relates are not authentic or authorized, or the item has been ocurately obtained from the item. (R51) ch the RCK entry relates have been presented for payment. (R53)
BOC POP	Operating Rules. (R10)	

This credit union is federally insured by the National Credit Union Administration and is an Equal Housing Lender.

Mail or deliver to:

4480 Rosewood Dr • Columbia, SC 29209 | 710 Pulaski Street • Columbia, SC 29209 University of South Carolina Upstate, Health Education Complex, Room 3000 • Spartanburg, SC 29303 803.227.5555 • www.smartcaro.org



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III. Signature Required

I further state that the debit transaction was not originated with fraudulent intent by me or by any person acting in concert with me, and that the signature below is my own proper signature. I assert that I am an authorized signer or have authority to act on the account. I certify under penalty of perjury that the foregoing is true and correct.

Signature: _____

_____ Date: _____

IN-OFFICE USE ONLY

Received by: _____

Branch #: _____

Date: _____

NOTE: RDFIs should consult with their own legal counsel and rely on their own business judgment in determining what specific form the written statement of unauthorized debit should take.

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