



HAWAII STATE FEDERAL CREDIT UNION

Written Statement of Unauthorized ACH Debit/Credit

Member/Business Name: _____

Account Number: _____

Select One: Debit Credit Amount: _____

Date Processed: _____

Merchant/CompanyName: _____

Source Number: _____

Member's Written Statement of Unauthorized ACH Debit/Credit

I (the undersigned) hereby confirm that (i) I have reviewed the circumstances of the above electronic ACH debit/credit to my account, (ii) the debit/credit was not authorized, and (iii) the following, to the best of my ability to identify, is the reason for that conclusion: (select reason below)

- I did not authorize the party listed above to debit/credit my account.
- I revoked the recurring payment authorization to debit/credit my account by the party listed above before the debit/credit was initiated. *(Can include pre-authorized payments or deposits (PPD), international ACH transactions (IAT) or recurring internet authorized entries (WEB).*
 - I wish to stop any future debit/credit connected with this revoked authorization.
- My account was debited/credited before the date I authorized.
- My account was debited/credited for an amount different from the amount that I authorized.
- My check was improperly processed electronically.
- Other (must specify) _____

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

Member's Signature

Date

Immediately scan the completed form to ESS for further processing

FOR CREDIT UNION USE ONLY

Received by: <input type="checkbox"/> Written Request <input type="checkbox"/> Verbal Request		Completed by (Initials & Tlr#):	Date:
Programmed by (Initials & Tlr#):	Date:	Audited by (Initials & Tlr#):	Date: