



2998 Chili Avenue - Rochester, NY 14624  
 Phone: (585) 247-0724 Fax: (585) 247-0729  
 www.spxfcuh.org

## AUTOMATED CLEARING HOUSE (ACH) Written Statement of Unauthorized Debit Dispute Form

### Member Information

Name	Home Phone (    )	Work Phone (    )
Mailing Address	Street	City
		State      Zip
Credit Union Account Number		

### Definition of Unauthorized Debit

An unauthorized debit is defined as, 1) an electronic fund transfer from your account initiated by a person who you did not authorize to initiate the transfer, 2) an electronic fund transfer in an amount greater than what was authorized, 3) that results in a debit to the account earlier than you authorized. An unauthorized debit does NOT include an electronic fund transfer initiated with fraudulent intent by you or any person acting in concert with you.

### Transaction Description

Please complete all three boxes

Transaction Date of Debit	Unauthorized Amount	Name of Party that Debited Your Account
	\$	

### Member's Claim Statement

I, the undersigned, hereby confirm that (i) I have reviewed the circumstances of the above 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:

- I did not authorize the party listed above to debit my account at St.Pius X Federal Credit Union.
- I revoked the authorization I had given to the party to debit my account in the manner specified in the authorization 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.
- Other (must specify) \_\_\_\_\_

Stop Payment Fee \$26.00

Method of payment: \_\_\_\_\_ Cash \_\_\_\_\_ Charge My Account # \_\_\_\_\_

### Signature(s)

I am the primary and/or joint owner on the account identified in this statement. I confirm that the debit listed above was not originated with fraudulent intent by me or any person acting in concert with me. I hereby authorize SPXFCU to verify the information provided and investigate my claim accordingly. I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Primary Member's Signature	Date	Joint Owner's Signature	Date