

Written Statement of Unauthorized ACH Debit/Improper ACH Debit Activity

Member Name _____ Member Number _____

I, _____ depose and say that I have examined the attached statement or other notification from My Healthcare Federal Credit Union indicating that one or more ACH debit entry(s) as identified below were charged to my account number _____ in the name of _____, and that the debit entry(s) were unauthorized, improper, or a prior authorization was revoked.

Originating Company Name: _____ ("the Company")
Date: _____ Amount: _____ Date: _____ Amount: _____
Date: _____ Amount: _____ Date: _____ Amount: _____
Date: _____ Amount: _____ Date: _____ Amount: _____

REASON FOR RETURN:

- R07 - AUTHORIZATION REVOKED BY CUSTOMER
R10 - CUSTOMER ADVISES ORIGINATOR IS NOT KNOWN TO RECEIVER AND/OR IS NOT AUTHORIZED BY RECEIVER TO DEBIT RECEIVER'S ACCOUNT
R10 - SOURCE DOCUMENT SIGNATURE IS NOT AUTHENTIC OR AUTHORIZED
R11 - CUSTOMER ADVISES ENTRY NOT IN ACCORDANCE WITH TERMS OF AUTHORIZATION
R11 - SOURCE DOCUMENT USED FOR THE ENTRY WAS NOT AN ELIGIBLE SOURCE DOCUMENT
R37 - BOTH ELECTRONIC AND SOURCE DOCUMENT HAVE BEEN PRESENTED FOR PAYMENT
R51 - THE ITEM TO WHICH THE RE-PRESENTED CHECK (RCK) ENTRY RELATES IS INELIGIBLE OR THE RCK ENTRY IS IMPROPER FOR ONE OF THE FOLLOWING REASONS.
R53 - THE ITEM AND THE RE-PRESENTED CHECK (RCK) ENTRY HAVE BOTH BEEN PRESENTED FOR PAYMENT.

I am an authorized signor on the above-referenced account or otherwise have the authority to act on the account. I attest that the listed debit(s) was not originated with fraudulent intent by me or any person acting in concert with me. I have been provided a copy of this form as notice of a provisional credit for the disputed item(s) to be given within five business days. I will be notified should the provisional credit be reversed. I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Date Authorized Signature Print Name