

WRITTEN STATEMENT OF UNAUTHORIZED DEBIT

An Affidavit of Unauthorized/Improper Entry (For Consumer ACH Debits Only)

State of	County of
debit entrv w	(consumer's name), state that I have e attached statement (or other notification) from HealthCare Associates Credit Union indicating that an ACH vas charged to my account (account number) on (MM/DD/YY), in of \$, and that the entry was unauthorized ¹ or improper ² .
initiated by a to initiate the consumer's An electronic consumer's DOES NOT	<u>prized</u> debit (with the exception of TEL entries) means an electronic funds transfer from a consumer's account a person who was not authorized by the consumer via a writing that was signed or similarly authenticated a transfer. With respect to TEL entries, an unauthorized debit means an electronic fund transfer from a account initiated by a person not authorized by the consumer, via an oral authorization, to initiate the transfer c fund transfer in an amount different than that authorized by the consumer or that results in a debit to the account earlier than that authorized by the consumer is also an unauthorized debit. An unauthorized debit include an electronic fund transfer initiated with fraudulent intent by the consumer or by any person acting in the consumer.
	r debit means a Re-presented Check (RCK), Point-of-Purchase (POP), Accounts Receivable (ARC), Back ersion (BOC), or a CCD entry to a consumer account as described in Section II below.
Section I. F	or unauthorized entries only, I further state that: (check one)
	thorized [R10] - I did not authorize, and have never authorized,(Company ginate one or more ACH entries to debit funds from my account at HealthCare Associates Credit Union.
I Auth	orized but [R10] - I authorized (Company
name) to orig	ginate one or more ACH entries to debit funds from my account at HealthCare Associates Credit Union, but:
	The amount debited is different than the amount I authorized to be debited. The amount I authorized is
	\$, or;
	The debit was made to my account on a date earlier than the date on which I authorized the debit to occur. I authorized the debit to be made to my account on (MM/DD/YY).
	Other (specify)
to originate of	Dirization Revoked [R07] - I authorized(Company name) one or more ACH entries to debit funds from my account, but on(MM/DD/YY) at authorization by notifying the Company at
	Idress, City, State, Zip) by phone, letter, orother.
Section II. F	or improper entries only , I further state that: (check one)
The debit w	as improper due to the following reason - (check one)
Signa Here H	red notice was not provided in accordance with requirements of the NACHA Rules [RCK, ARC, POP, BOC] tures on the item are not authentic or authorized, and/or the item has been altered [RCK, ARC, POP, BOC] mount of the entry was not accurately obtained from the item or source document [RCK, ARC, POP, BOC] em is ineligible, or the source document is improper to be initiated as an ACH entry [RCK, ARC, POP, BOC] the item or source document and the ACH entry have been presented for payment [RCK, ARC, POP, BOC] d out of check conversion activity [ARC, BOC] ect Standard Entry Class (SEC) Code was used [CCD entry posting to a consumer account]
	e that the debit transaction was not originated with fraudulent intent by me or by any person acting in conce I that the signature below is my own proper signature. I certify that the foregoing is true and correct.
Date:	Signature