



**MEDIA CITY**  
Community Credit Union

1020 W. Olive Avenue • Burbank, CA 91506  
T: 818.238.2950 • F: 818.238.2979  
mediacitycu.org

# Written Statement of Unauthorized Debit (ACH)

## Account Information

Full Name \_\_\_\_\_

Account Number \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Transaction Information

Date Debit Posted to Account \_\_\_\_\_ Amount of Debit \_\_\_\_\_

Party Debiting the Account \_\_\_\_\_

## Statement

I (the undersigned) hereby attest 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 (R10)
- I revoked the recurring payment authorization I had given to the party to debit my account before the debit was initiated. This may include pre-authorized payments or deposits (PPD), international ACH transactions (IAT) or recurring internet-authorized entries (WEB). (R07)
  - I wish to stop any future debits connected with this revoked authorization (R07)
- My account was debited before the date I authorized (R10)
- My account was debited for an amount different from what I authorized (R10)
- My check was improperly processed electronically (R10)
- Other (specify) \_\_\_\_\_

## Signature

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that I or any person acting in concert with me did not originate the debit above with fraudulent intent. I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please fax form to Media City Community Credit Union (818) 238-2979**

- For Credit Union Use Only -

Date \_\_\_\_\_

MSR: \_\_\_\_\_

PH OP - Stop \_\_\_\_\_

MNACHP #4 \_\_\_\_\_

Date of Adj \_\_\_\_\_