



### Written Statement of Unauthorized Debit

- Please fill out one form for each payee company
- Fill out the form as completely and accurately as you can to ensure a faster credit.

NACHA Operating Rules & Guidelines Subsection 3.12.5 states that An RDFI (*Receiving Depository Financial Institution*) MUST accept a Written Statement of Unauthorized Debit from a Receiver (*member*).

To expedite your request, please return the completed form to our Norton or Oberlin branch, fax it to UNWFCU at (785) 874-5192, or email it to [unwfcu@unwfcu.org](mailto:unwfcu@unwfcu.org). If you are unable to fax, email, or return the form to a branch, you may mail your signed, completed form to UNWFCU at the following address: **United Northwest Federal Credit Union, PO Box 176, Norton, KS 67654.**

### Written Statement of Unauthorized Debit

I have examined the account statement or other notification sent by United Northwest Federal Credit Union indicating that an ACH debit entry posted to my account with the information below. The debit was either unauthorized or revoked.

Member Name		
Account Number	Posting Date (MM/DD/YY)	Dollar Amount
Payee Company Name		

Please select **ONLY** one appropriate reason for your request:

- The ACH debit was unauthorized.**  
*An ACH debit can be considered unauthorized if: you never authorized the ACH debit entry from this account; you authorized an ACH debit from this account but the debit amount is different than the amount authorized; or it was posted earlier than the date authorized.*

- The authorization for the ACH debit was revoked.**  
*You authorized the ACH debit but revoked the authorization, in accordance with your agreement with the Payee Company named above, prior to the date the debit posted to your account.*

I certify that this Written Statement of Unauthorized Debit is true and correct, that I am an authorized signer, or otherwise have authority to act, on the account identified in this statement, that the debit transaction was not initiated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature.

If you need assistance completing this form, you may contact UNWFCU 785-877-5191.

<b>Signature is Required.</b>	
Print Name	
<input type="text"/>	
Signature	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>

**NOTE:** Please allow two business days for processing. Payments past 60 days may not be able to be recovered.