

Written Statement of Unauthorized ACH Debit

IMPORTANT - Untimely, incorrect or incomplete information may result in our inability to complete your request or may cause delays in the resolution of your claim.

For consumer and sole proprietor accounts, this form must be completed and submitted as soon as a disputed transaction is identified, but no later than 60 days after we sent the FIRST statement on which the transaction or error first appeared.

For other business accounts, this form must be completed and submitted to us no later than 2:00 pm Pacific Time the business day following the date the transaction was posted to your account.

Account & Transaction Information (Transaction must already be posted to the account)

Member Name: _____ Account Number: _____

Debit Amount: _____ Date Posted to Account: _____

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, or did not conform to the terms of my authorization; and (iii) to the best of my ability to identify, is the reason for that conclusion:

I did not authorize the debit to my account.

- I did not know or did not authorize the party listed above to debit my account.
- The signature of a check that was processed electronically is not my signature.

I authorized the party listed above to debit my account, but the entry does not conform to the terms of my authorization.

- My account was debited before the date that I authorized.
- My account was debited for an amount different than I authorized.
- My account was debited, but the third party failed to make my payment as instructed.
- My check was improperly processed electronically.
- A debit to my account that was previously returned was improperly reinitiated.

I authorized the party listed above to debit my account, but:

- I revoked the authorization with the third party before the debit was initiated.
- Other (please specify) _____

Optional Stop Payment: Stop debits from this company for six months: any amount only above amount

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

Signature

Date

Please email this form to Request@LFCU.com or fax to (818)565-2094. Your claim may take up to 5 business days to process.