

Written Statement of Unauthorized Debit (ACH)

ACCOUNT/TRANSACTION INFORMATION

Member Name:		Account Number:
Amount of Debit: \$	Date Debit 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, 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.
- ☐ I revoked the recurring payment authorization I had given to the party to debit my account before the debit was initiated. Can include pre-authorized payments or deposits (PPD), international ACH transactions (IAT), recurring internet- authorized entries (WEB), or telephone-initiated entries (TEL).
- ☐ My account was debited before the date I authorized.
- ☐ My account was debited for an amount different from what I authorized.
- ☐ My check was improperly processed electronically.
- ☐ My account was debited but the receiving party did not receive credit _____ (recipient name).
- ☐ This credit does not belong to me.

Additional comments: _____

SIGNATURE

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. I understand SkyOne Federal Credit Union dba Greenwell Financial has up to 10 calendar days to process my request.

Member Signature: _____ Date: ____ / ____ / ____

ALTERNATIVE METHODS TO SUBMIT FORM

Email: support@greenwellfinancial.org

Mail: Greenwell Financial
ATTN: Payments
P.O. Box 5003
Hawthorne, CA 90250