

# WRITTEN STATEMENT OF UNAUTHORIZED DEBIT – CONSUMER ACCOUNTS



Complete this form if the ACH Debit (External Withdrawal, Electronic Check, or IAT Withdrawal):

- Posted to the account within the last 60 days
- Posted to the account and has not been returned for another reason (e.g., insufficient funds)

Do not complete this form for:

- ACH Stop Payments. Refer to the ACH Debit Stop Payment Request form
- Contact the company directly to resolve Goods or Services not received or Disputes,
- Bill Payment error resolution. Validate if the member initiated the ACH using BECU's bill payment if so, contact the CC Tech Support Analyst (CCTSA). Using this form could cancel the entire Bill Payment service. It is strongly suggested that you contact the financial institution that the bill payment was originated through for resolution.
- A refund of a fee
- Return an ACH Reversal – the member must contact the company directly to resolve

MEMBER NAME	DAYTIME PHONE	ACCOUNT NUMBER
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I have reviewed the account statement or other notification sent by BECU stating that an automated Clearing House (ACH) debit entry posted to my account with the information provided below. I am requesting the ACH Debit (**External Withdrawal, IAT Withdrawal or Electronic Check**) listed below to be returned.

Company Name				
Amount of ACH Debit(s)	\$	\$	\$	\$
Date of ACH Debit(s)				
ACH 14-15-digit trace number (CU USE ONLY)				

Select the appropriate reason below (choose only one):

I did not authorize the company listed above to debit my account.

My account was debited before the date I authorized.

My account was debited for an amount different from what I authorized (the full amount will be returned-unable to return a portion).

My account was debited, but the company did not receive payment.

I revoked the recurring payment authorization previously given to the company to debit my account before the debit was initiated.

**Note:** Do not use for ARC, BOC, POP, or RCK.

Both the paper check and the electronic check debited my account

**Acknowledge, Sign, and Date:** I further declare that the debit entry was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature. I agree that a copy of this statement may be provided to the above company or their originating deposit financial institution, if requested. I certify that the above account number is not used for business purposes and the foregoing is true and correct.

I am an authorized signer on the account or am otherwise authorized to act on the account.

MEMBER SIGNATURE	DATE (must be on or after the date of the ACH debit(s))
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**Credit Union Use Only**

REP NAME / EXTENSION	SEC CODE	DATE RET / CR
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NOTES

If form is not submitted electronically, please return completed and signed form to:  
BECU M/S 1085-2 PO Box 97050 Seattle, WA 98124 or fax 206.965.3236