

(Notary Public)

Affidavit of Unauthorized ACH Debit Activity

| 1. | Account/Transaction Information | | | |
|-------|---|---|---------------------------------|------------------------------|
| | Name | | | |
| | Account Num | per | | |
| | Amount of De | oit(s) | | |
| | Date of Debit | <u></u> | | |
| | Party Debiting | the Account | | |
| 2. | Statement | | | |
| | I (the undersigned) hereby attest that (i) I have reviewed the circumstances of the above electronic (ACH debit(s) 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 | I above to debit my account. | |
| | I revoked the authorization I had given to the party to debit my account before the debit was initiated. | | | |
| | My account was debited before the date I authorized. | | | |
| | My account was debited for an amount different than I authorized. | | | |
| | My check was improperly processed electronically. | | | |
| | Other (must specify reason): | | | |
| | | | | |
| | | | | |
| 3. | Signature | | | |
| | | ized signer, or otherwise have aut debit above was not originated v ne. | | |
| | I have read th and correct. | s statement in its entirety and atte | est that the information provid | ed on this statement is true |
| | Signature | | Date | |
| | Witnessed by: | (credit union representative) | Date | |
| State | of | (creat anion representative) | | |
| Count | ty of | - | | |
| Sworn | to before me o | n this day of, 20 | | |
| | | | | |