



1278 Rocky Point Drive • Oceanside, CA 92056
800.736.4500 • frontwavecu.com

ACH Unauthorized Form

First Name: _____ Last Name: _____

Member Number: _____

Party Debiting the Account: _____

Transaction Amount: \$ _____

Date Debit Posted to 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. *(R10)
- I revoked the recurring payment authorization I had given to the party to debit my account before the debit was initiated. *(R07)
- My account was debited before the date I authorized. *(R10)
- My account was debited for an amount different from what I authorized. *(R10)
- My check was improperly processed electronically. *(R10)

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. **Please Note:** If no box is selected, this form will be considered incomplete and cannot be processed. To place a permanent stop payment on the above listed company, please complete an **ACH Stop Payment Request**.

Signature: _____ Date: _____

Ink Signature Required

For Credit Union Use Only:			
Instructions Received by Branch Number:	User ID:	Date:	Time:
EFT use only:			
EFT User ID:	Date:	Time:	

*ACH Return Code (Check One)	<input type="checkbox"/> R29 <input type="checkbox"/> R31
*Use R29 for non-consumer account (Business Account @ Frontwave Credit Union) for Timely Return (2 Banking Days)	
*Use R31 for non-consumer account (Business Account @ Frontwave Credit Union) If beyond the return time frame.	