



1278 Rocky Point Drive • Oceanside, CA 92056

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ACH Unauthorized Form

First Name: _____ Last Name: _____ Member Number: _____

Name of Party Debiting the Account: _____

(only one debiting party per form)

1. Transaction Amount:	Date of Debit:
2. Transaction Amount:	Date of Debit:
3. Transaction Amount:	Date of Debit:
4. Transaction Amount:	Date of Debit:

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 confirm to the terms of my authorization; and (iii) the following, to the best of my ability to identify, is the reason for that conclusion:

Please select one main check box and select the reason below it:

1. **I did not authorize the debit to my account:**

I do **not** know or did not authorize the party listed above to debit my account. *(R10)

The signature of a check that was processed electronically is not my signature. *(R10)

2. **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. *(R11)

My account was debited for an amount different than what I authorized. *(R11)

My account was debited by an authorized third party, but that third party failed to make my payment as instructed. *(R11)

My check was improperly processed electronically. *(R11)

A debit to my account was an improper reversal. *(R11)

The debit was improperly initiated. *(R11)

The debit is part of an incomplete transaction. *(R11)

3. **I authorized the party listed above to debit my account but:**

I revoked the recurring payment authorization I had given to the party to debit my account before the debit was initiated. *(R07)

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 ACHStopPaymentRequest.

Signature: _____ Date: _____

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)

R29

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)