



**WRITTEN STATEMENT of UNAUTHORIZED DEBIT (WSUD)
ACH Dispute Form**

Name _____ Account # _____

Amount of Debit _____ Date of Debit _____ Name of Payee _____

1. 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:

This debit was *unauthorized* because:

_____ 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.

_____ I wish to stop any future debits connected with this revoked authorization

_____ My account was debited before the date authorized

_____ My account was debited for an amount different from what I authorized

_____ My check was improperly processed electronically

2. I am an authorized signer, or otherwise have the 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 understand that I must report any unauthorized or improper ACH activity to 360 Federal Credit Union **within 60 days of the date on which the transaction appeared**, otherwise, 360 Federal Credit Union has no obligation to me with respect to the item and I must resolve any disputes directly with the payee.

I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

**** Any and all authorized signers on this account must sign and date this form with agreement of section 2 above.**

Member Signature _____ Date _____

Joint-Member Signature _____ Date _____

Additional Signers Signature _____ Date _____

Form must be filled out in its entirety before order is processed, if sending the completed form by fax please send to (860) 627-4276.