



Unauthorized ACH Debit Dispute

This document is for use when a member disputes an ACH transaction on their account (Tran Codes 27 or 37).

Account/Member Contact Information

Member Name: _____ Phone Number: _____
Email Address: _____

Disputed Transaction Information (Each disputed transaction requires a separate form be completed.)

Account Number: _____ Amount: \$ _____ Date of Debit: _____
Company/Originator Name: _____

Member 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.

Please select the single option that best fits your reason for dispute.

- I revoked authorization I had given to the party to debit my account before the debit was initiated. (R07 if PPD and Recurring TEL or WEB)
- My account was debited for an amount different than I authorized. (R11)
- My account was debited before the date I authorized. (R11)
- My account was debited by an authorized third party; but the third party failed to make my payment as instructed. (R11)
- I did not authorize or have not ever authorized the Originator to originate one or more electronic entries to debit funds from my account. (R10)
- My check was improperly processed electronically. Check only one of the following:**
 - For ARC, BOC, POP, and RCK Entries Only.**
 - Item is ineligible, notice not provided, or item altered. (R11 for ARC, BOC, POP; R51 for RCK)
 - Signature on check is not authentic or authorized (R10 for ARC, BOC, POP)
 - Check and ACH item both cleared the Account. (R37 for ARC, BOC, POP; R53 for RCK)
 - The check to which the ACH entry relates has been paid. (R53 for RCK)

Indicated Intent of Stop Payment/Return

You must indicate one of the following **only** if the transaction was unauthorized (**noted as R07, R10, R37, R53**):

- I want only this single item returned as unauthorized.
- I want this item returned as unauthorized and all future items from the Originator returned as Stop Payments

By submitting this request, you acknowledge the following: Consumer Stop Payments are indefinite unless revoked in writing. Business Stop Payments are in effect for **6 month** unless renewed in writing. If the Originator's name or ID changes, SSFCU will not be able to block, as requested here, future attempts by the Originator to charge your account. You must monitor your account. In the event of any invalid or unauthorized ACH debit, Businesses have until 3 p.m. CST on the business day after the ACH transaction posting date to complete the required documentation to dispute the transaction. After this time period, the business will need to resolve directly with the originator/merchant.

Signature

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.

Member Signature: _____ Date: _____
Completed By/Teller #: _____ Location: _____

Return the signed and completed form to Payment Operations.