

SPate CO Written Statement of Unauthorized Debit (ACH)

114007_FM_Stmt_Unauth_Debit_ACH_Rev.0916

Account Transaction Information				
Name		Member Number	Suffix	Date of Debit
Amount of Debit		Party Debiting the Account		
Statement				
_	•	iewed the circumstances of the above est of my ability to identify, is the rea		•
☐ I did not authorize th	e party listed above to del	bit my account.		
☐ I revoked the authori	zation I had given to the p	party to debit my account before the o	debit was initiated	d.
☐ My account was debi	ted before the date I autho	orized.		
☐ My account was debi	ted for an amount differer	nt than I authorized.		
☐ My check was improp	perly processed electronic	ally.		
☐ Transaction was inco	mplete.			
☐ Other (must specify)				
Signature				
=		ority to act, on the account identified person acting in concert with me.	in this statement.	I attest that the debit above was
I have read this statemer	nt in its entirety and attest	that the information provided on thi	s statement is tru	e and correct.
	your local branch or fax to:			
J	,			
Signature		Date		Telephone Number
Return completed form to Center at 800.358.8228.	to Patelco Credit Union. If	you require assistance, please visit an	y of our branches	s or contact our Customer Service
Account #	Suffix	Date		