



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

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)

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**.

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.

Any intentional attempt to obtain money from a financial institution by misrepresenting whether a transaction was authorized may result in the imposition of fines up to \$1,000,000 or imprisonment up to 30 years, or both under the provisions of Federal law (18 U.S.C. §1344).

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)		