



**UNAUTHORIZED/IMPROPER ACH DEBIT/CREDIT ACTIVITY**  
**(ACH TRANSACTIONS ORIGINATED BY OTHER FINANCIAL INSTITUTIONS)**

- For Business Accounts only:** A CCD charge on a **Business Account** has only 24 Hours from the effective date of the transaction in which a dispute can be processed. (Fax or Call Payment Services for immediate processing.)
- Bill Pay/ Pop Money Transfers **CANNOT** be disputed with this form. Please contact Escalations in the CCED Department concerning these transactions.
- An ACH Transaction dispute **DOES NOT** apply to goods and services not received.

I, \_\_\_\_\_, state that I have examined the attached statement or other notification from America First Credit Union indicating that an ACH debit entry, by \_\_\_\_\_, was **debited/credited** to my Account Number \_\_\_\_\_ on \_\_\_\_\_ 20 \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ and that the **debit/credit** was unauthorized or improper.

For unauthorized **debit/credit** entries, I further state that (check one):

- I did not authorize the company listed above to **debit/credit** my account.
- I revoked the authorization I had given to the company to debit my account before the debit was initiated.
  - I revoked the authorization on the following date \_\_\_\_\_ 20 \_\_\_\_\_
  - I also wish to stop any future **debits/credits** connected with this revoked authorization.
- My account was debited before the date I authorized.
- My account was debited for an amount different than I authorized.
- My check was improperly processed electronically.
- Incomplete Transaction: My account was debited, but the payment was never received by the intended recipient.
- Other (does not cover goods and services not received): \_\_\_\_\_

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the **debit/credit** transaction 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.

Signature/Docusign: \_\_\_\_\_ Date: \_\_\_\_\_

Branch Number: \_\_\_\_\_ Teller Number: \_\_\_\_\_ Member Contact Number: \_\_\_\_\_

**PAYMENT SERVICES ONLY**

Posted by: \_\_\_\_\_ Date: \_\_\_\_\_  Verified not AFCU Bill Pay

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