



DISPUTE OF UNAUTHORIZED ACH DEBIT

Member Name _____ Member Number _____

Amount of Debit \$ _____ Date of Debit _____

Name of Unauthorized Company _____

I, _____, hereby attest that I have reviewed the circumstances of the above electronic (ACH) debit to my account. I declare that the debit was not authorized or the authorization has been revoked and the following, to the best of my ability to identify, is the reason for that conclusion:

Please check the box next to the statement that best describes the reason for your dispute.

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.
The signature of a check that was processed electronically is not my signature.

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.
My account was debited for an amount different than I authorized.
My account was debited by an authorized third party, but they failed to make my payment(s) as instructed.
My check was improperly processed electronically.
A debit to my account that was previously returned was reinitiated.

I authorized the party listed above to debit my account, but:

- I revoked the authorization I had given to the party to debit my account before the debit was initiated.
Other (must specify) _____

I am an authorized signer or 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.

Sign and Return via Fax or Mail to:

Piedmont Advantage Credit Union
Attn: E-Commerce Department
3530 Advantage Way
Winston Salem, NC 27103
Fax: 336-744-8894

Signature _____ Date _____ Daytime Phone _____

Credit Union Use Only Request Taken By: _____ Date _____