



2805 Bowers Ave
 Santa Clara CA, 95051
 Email To: DisputeForm@keypointcu.com OR
 Fax To: (408) 731-4068

Written Statement of Unauthorized Debit (ACH)

This form may be used to dispute multiple transactions. If you require additional lines, you may include here, on a separate sheet, or submit another form.

1. Account/Transaction Information:

Name: _____ Account Number: _____

Amount of Debit: \$ _____ Date of Debit: _____

Party Debiting the Account: _____

Amount of Debit: \$ _____ Date of Debit: _____

Party Debiting the Account: _____

Amount of Debit: \$ _____ Date of Debit: _____

Party Debiting the Account: _____

Amount of Debit: \$ _____ Date of Debit: _____

Party Debiting the Account: _____

2. 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:

- I did not authorize the party listed above to debit my account.
- I revoked the recurring payment authorization I had given to the party to debit my account before the debit was initiated.
 - I wish to stop any future debits 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.

3. 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.

Signature: _____

Date: _____



This credit union is federally insured by the National Credit Union Administration