

Main Office
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Phillipsburg, NJ 08865
908.859.1811



Easton Branch
2240 Northampton St.
Easton, PA 18042
610.258.0123

Written Statement of Unauthorized Debit (ACH)

1. Account / Transaction Information (please print)

Name _____

Account Number _____

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 authorization I had given to the party to debit my account before the debit was initiated.

_____ 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.

_____ My account was debited by an authorized third party, but that third party failed to make my payment as instructed

_____ Other (must specify) _____

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.

In the event a credit is posted to my account for the above unauthorized transaction, I understand that the credit is posted as a **provisional credit only**. This credit is being made while we investigate your claim. The final resolution will be determined as quickly as possible, but no later than _____. Until your claim is resolved, you have full use of these funds. If your claim is denied, this provisional credit will be debited against your account. You will be notified in this event.

I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Signature: _____

Date: _____