



Scient Federal Credit Union
P.O. Box 499 • 60 Colver Avenue
Groton, CT 06340-0499
Tel: 877 860 MYCU
www.scientfcu.org

WRITTEN STATEMENT OF UNAUTHORIZED DEBIT

Account/Transaction Information

Member Name

Member Number

Date of Debit

Amount of Debit:

\$

Payee Name

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.
- Other (must specify) _____

I am an authorized signer, or otherwise 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.

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

Signature _____

Date _____