

NE PA COMMUNITY FEDERAL CREDIT UNION

Affidavit of Unauthorized ACH Debit Activity

State of Pennsylvania
County of Monroe

I, _____, state that I have examined the attached statement or other notification from NE PA Community Federal Credit Union indicating that an ACH debit entry was charged to my Account No. _____, on _____, 20____ in the amount of \$ _____, and that the debit was unauthorized.

An unauthorized debit means an electronic fund transfer from a consumer's account initiated by a person who was not authorized by the consumer to initiate the transfer. An electronic fund transfer in an amount greater than that authorized by the consumer or that results in a debit to the consumer's account earlier than that authorized by the consumer also is an unauthorized debit. An unauthorized debit does not include an electronic fund transfer initiated with fraudulent intent by the consumer or any person acting in concert with the consumer.

For unauthorized entries, I further state that: (check one)

_____ I did not authorize, and have not ever authorized, _____ (company name) to originate one or more ACH entries to debit funds from any account at NE PA Community Federal Credit Union.

_____ I authorized _____ (company name) to originate one or more ACH entries to debit funds from my account, but on _____, 20____ I revoked that authorization by notifying _____ in the manner specified in the authorization.

_____ I authorized _____ (company name) to originate one or more ACH entries to debit funds from an account at NE PA Community Federal Credit Union, but

_____ the amount debited exceeds the amount I authorized to be debited. The amount I authorized is \$ _____.

OR

_____ the debit was made to my account on a date earlier than the date on which I authorized the debit to occur. I authorized the debit to be made to my account on or no earlier than _____, 20____.

I further depose and say that the signature below is my own proper signature. I agree to at all times defend, indemnify, and hold harmless the NE PA Community Federal Credit Union, its agents, employees, directors, successors, and assigns, from and against any and all claims, actions, damages, liabilities, losses, and costs, including reasonable attorneys' fees and expenses, sustained or incurred by reason of the Credit Union's reliance on the statements contained in this Affidavit.

I declare under penalty of perjury under the laws of the State of Pennsylvania that the foregoing is true and correct.

Dated: _____ Signature: _____

Team member initials: _____ Date: _____

Stop pay completed on Symitar: _____ Date: _____