2024 Written Statement of Unauthorized Debit

for Unauthorized ACH Debit Activity

ACCOUNT A	IND TRANSACTION INFORMATION		
Financial Instit	tution:		
Accountholder	:	Account Number: _	
Originating Co	mpany or Party Debiting the Account:		
Date of Debit:	Amount:	Date of Debit:	Amount: Amount: Amount:
REASON FO			
	AUTHORIZED DEBIT TO CONSUMER A	CCOUNT USING CORPORATE SEC	CODE (CCD or CTX)
□ R07 - AU1	THORIZATION REVOKED BY CUSTOME the authorization, which I had previously gi er specified in the authorization by the Cor	R (not valid for ARC, BOC, POP, RC ven to the Company to debit my acco	K, CCD or CTX Entries)
TO DEBIT	STOMER ADVISES ORIGINATOR IS NO RECEIVER'S ACCOUNT (not valid for outling the Company to debit my account the Company to debit my account to the company to	CCD or CTX Entries)	
□ R10 - SO	JRCE DOCUMENT SIGNATURE IS NOT	AUTHENTIC OR AUTHORIZED (A	RC, BOC, or POP)
(not valid The was The earli The The	STOMER ADVISES ENTRY NOT IN ACC for CCD or CTX Entries) Check one belo amount debited from my account was dif \$	ferent from what I authorized. The arms as different from what I authorized. It also different from what I authorized with the terms of the Stand fray was not an improper Reversal to a Consume MENT HAVE BEEN PRESENTED FOR CHECK (RCK) ENTRY RELATES EASONS Check one below: Check Entry policy was not provide or authorized, or the check has been obtained from the item.	mount I authorized the Company to debit I authorized the debit to be made no orized. ing Authorization. RCE DOCUMENT (ARC, BOC, or POP) or Account regardless of SEC Code) OR PAYMENT (ARC, BOC, or POP) IS INELIGIBLE OR THE RCK ENTRY d by the Originator listed above. in altered.
debit(s) was (we financial instituti to 30 years, or be	ted signer on the above-referenced account or ere) not originated with fraudulent intent by me	or any person acting in concert with me. vas authorized may result in the impositio	Any intentional attempt to obtain money from a n of fines up to \$1,000,000, or imprisonment up
DATE (MM/DD/YY)	CUSTOMER/MEMBER AUTHORIZED SIGNATU	IRE PRI	NT NAME PHONE NUMBER

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FINANCIAL INSTITUTION REPRESENTATIVE SIGNATURE