

WRITTEN STATEMENT OF UNAUTHORIZED DEBIT – CONSUMER ACCOUNTS



Complete this form if the ACH Debit (External Withdrawal, Electronic Check, or IAT Withdrawal) posted to this account and has not been returned for another reason (e.g., insufficient funds).

A letter will be sent providing the status of the request.

Do not use this form to:

- Stop ACH payments.
- Resolve disputes about goods or services not received.
- Refund a fee.

MEMBER NAME	CONTACT PHONE	ACCOUNT NUMBER
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I have reviewed an account statement or other notification sent by BECU stating that an Automated Clearing House (ACH) debit entry posted to my account with the information provided below. I am requesting the ACH Debit(s) (**External Withdrawal, IAT Withdrawal, or Electronic Check**) listed below to be returned.

Company name			
Amount of ACH debit(s)	\$	\$	\$
Date of ACH debit(s)			
ACH 14- to 15-digit trace # (BECU USE ONLY)			

Select the appropriate reason below (choose only one):

I did not authorize the company listed above to debit my account.

My account was debited before the date I authorized.

My account was debited for a different amount from what I authorized (the full amount will be returned-unable to return a portion).

My account was debited, but the company or individual did not receive payment.

Before the debit was initiated, I revoked the recurring payment authorization I previously gave to the company to debit my account. **Note:** Do not use for ARC, BOC, POP, or RCK.

Both the paper check and the electronic check debited my account.

Acknowledge, Sign, and Date: I further declare that the debit entry was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature. I agree that a copy of this statement may be provided to the above company or their originating deposit financial institution, if requested. I certify that the above account number is not used for business purposes and the foregoing is true and correct.

I am an authorized signer on the account or I am otherwise authorized to act on the account.

SIGNATURE	NAME	DATE (must be on or after the date of the ACH debit(s))
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BECU Use Only

REP NAME / EXTENSION	SEC CODE	DATE RET / CR
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Please return the completed and signed form to:
BECU, M/S 1085-2 PO Box 97050 Seattle, WA 98124 or fax to 206-965-3236