Belvoir Federal Credit Union
14040 Central Loop
Woodbridge, VA 22193
Phone: 703.730.1800 Fax: (703) 730.1410
Toll Free: (888) 503.2328
www.BelvoirCreditUnion.org

ACH Dispute
Written Statement of Unauthorized Debit (ACH)

1. Account/Transaction Information

Name _____ Account Number _____

Amount of Debit _____ Date of Debit _____

Company Debiting the Account _____

2. Statement

I (the undersigned) hereby attest that (1) I have reviewed the circumstances of the above electronic (ACH) debit to my account, (2) the debit was not authorized, and (3) the following, to the best of my ability to identify, is the reason for that conclusion:

☐ (a) I revoked the authorization I had given to the company to debit my account before the debit was initiated.

☐ (b) My account was debited before the date I authorized.

☐ (c) My account was debited for an amount different than I authorized.

☐ (d) My check was improperly processed electronically.

☐ (e) I never authorized the company listed above to debit my account.

Reason/Explanation (must specify)_____

_____

_____

3. Further Action

☐ Change Account Number.

☐ Stop debits from this company forever. I understand that the Stop Payment fee of $30.00 will be withdrawn from my account.

☐ No further action required.

4. 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.

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

Signature _____ Date _____

CU MSR Use:
Received By: _____
BFCU Employee

_____ _____
Teller No. Date

Action Taken:
_____ Change Acct
_____ Stop Payment: Stop ACH

Company ID: _____
_____ Send to Accounting Dept

CU Accounting Use:
Verified By: _____
BFCU Employee

_____ _____
Teller No. Date

Action Taken:
_____ Return Item
Reason Code:_____

Date: _____