

Written Statement of Unauthorized Debit (WSUD)

PRIMARY MEMBER INFORMATION:

First Name: _____ Last Name: _____

Member #: _____ Share ID: _____

Company Name: _____ (use one form per company)

Date(s)	Debit(s)	Posted:	Amount(s):	Date(s)	Debit(s)	Posted:	Amount(s):
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

- Authorization Revoked:** I revoked the authorization before the debit was initiated and in the manner specified in the authorization.
- Unauthorized:** I have never authorized the above-named party to debit my account.
- I authorized the company to originate one or more ACH entries, but
 - the amount differs from the amount I authorized.
 - the debit was made prior to the date I authorized.
- The intended payee did not receive credit for the debit.
- My check # _____ was processed as both a paper check and an electronic check.
- Improper or Ineligible:** My check was improperly processed.
- Unauthorized corporate debit to consumer account.

Stop Payment Request (must be provided at least 3 banking days prior to the next transaction):

- Place a stop on all future debits from this company.
- Place a temporary stop on debits from this company to expire on _____.

I am an authorized signer on the above-referenced account or otherwise have the authority to act on the account identified above. I attest that the listed debit(s) was(were) 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: _____

FOR CREDIT UNION USE ONLY

AEA FCU Employee Signature: _____ **KeyStone User ID:** _____
If completing this form outside of KeyStone, scan the completed document to FastDocs.