



CAP COM Financial Center
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Other Branch Locations
Brunswick • Clifton Park • Cohoes • Colonie
Glenmont • Latham • Niskayuna • North Greenbush

WRITTEN STATEMENT OF UNAUTHORIZED DEBIT (ACH)

Account/Transaction Information

Name _____ Account Number _____
Amount of Debit(s) _____ Date of Debit _____
Party Debiting the Account _____

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:

- _____ I did not authorize the party listed above to debit my account;
_____ I revoked the authorization I had given to the party to debit my account before the debit was initiated;
_____ My account was debited for an amount different than I authorized;
_____ My check was improperly processed electronically;
_____ Other (must specify).

Signature

CAP COM Federal Credit Union retains the right to take up to 10 business days to investigate the error before providing provisional credit. If provisional credit is given and the investigation proves no error occurred or is beyond the Federal Regulation time frame, we retain the right to reverse the provisional credit given.

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 _____ Phone & Extension _____

Electronic Services Use Only: Trace# _____ Initials _____ Return Reason _____ Date Returned _____