



**Written Statement of Unauthorized Debit (ACH)**

Mail completed forms to:  
HOCU  
PO Box 235862  
Honolulu, HI 96823

Member Name: [Click here to enter text.](#)

Account Number: [Click here to enter text.](#)

Amount: [Click here to enter text.](#)

Date Posted to Account: [Click here to enter text.](#)

Merchant/Company Name: [Click here to enter text.](#)

**Member's Written Statement Why ACH Debit is Unauthorized (check one)**

I (the undersigned) hereby confirm that (i) I have reviewed the circumstances of the above electronic (ACH) debit to my account, (ii) the debit was not authorized, and (iii) 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 recurring payment authorization I had given to the party to debit my account before the debit was initiated. (Can include pre-authorized payments or deposits (PPD), International ACH transactions (IAT) or recurring internet authorized entries (WEB).
  - I wish to stop any future debits connected with this revoked authorization
- My account was debited before the date I authorized.
- My account was debited for an amount different from the amount that I authorized.
- My check was improperly processed electronically.
- Other (must specify) [Click here to enter text.](#)

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. **Forms submitted without a signature will not be accepted.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Credit Union use Only**

Received by:  In branch  Mail  Fax  Email  Other

Date Received: [Click here to enter text.](#)

Accepted by: [Click here to enter text.](#) (Employee name & Teller #)