



## KCCU - Written Statement of Unauthorized Debit

Please print and complete this form if you have had an unauthorized debit on your account.

MEMBER INFORMATION	
Member Name:	Member Number:
Phone:	Last 4 digits of Primary Account Holders SSN:
TRANSACTION INFORMATION	
Posting Date (MM/DD/YY):	Dollar Amount:
Payee Company Name:	
<p>Please select only one appropriate reason for your request:</p> <p><input type="checkbox"/> I did not authorize the party listed above to debit my account (R10)</p> <p><input type="checkbox"/> My account was debited before the date I authorized (R10)</p> <p><input type="checkbox"/> My account was debited for an amount different from what I authorized (R10)</p> <p><input type="checkbox"/> The debit is part of an incomplete transaction (R10)</p> <p><input type="checkbox"/> I revoked the authorization I had given to the party to debit my account before the debit was initiated (R07)</p> <p><input type="checkbox"/> The check I wrote was improperly converted to an ACH debit.</p> <p style="margin-left: 40px;">The following are scenarios that could be considered as improper conversions of your check:</p> <p style="margin-left: 40px;"><input type="checkbox"/> Both my check and an ACH debit were presented for payment from my account. (R37)</p> <p style="margin-left: 40px;"><input type="checkbox"/> I did not receive a notice stating that my check may be converted or re-presented as an ACH debit. (R10)</p> <p style="margin-left: 40px;"><input type="checkbox"/> My check that was converted to an ACH debit was altered, the signatures were not authentic or authorized, or the amount used was not the same as the written check amount. (R10)</p>	
<p>I certify that this Written Statement of Unauthorized Debit is true and correct, that I am an authorized signer, or otherwise have authority to act, on the account identified in this statement, that the debit transaction was not initiated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature.</p> <p>If you need assistance completing this form, you may contact KCCU at 800.854.5421.</p>	
Print Name:	
Member Signature	Date:

### 3 ways to submit your completed form:

**Option 1:** Drop it off at any of our branch locations.

**Option 2:** Mail it to: KCCU, PO Box 140, Battle Creek, MI 49016 (Requires signature and stamp by notary.)

**Option 3:** Submit it through Send My Docs in the Forms area of our website