

Written Statement of Unauthorized Transactions

ACCOUNT #

MEMBER INFORMATION

Member's Name	Mobile Phone	Other Phone		
Email Address	Mailing Address - Street & Apt.	City	State	ZIP

Unauthorized ACH Withdrawal

Company	Dollar Amount	Date
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Choose one of the following:

- I did not authorize the company above to debit my account.
- I revoked the authorization for this company to debit my account before the debit was initiated.
- My account was debited before the date I authorized.
- My account was debited for an amount different than what I authorized.
- My check was improperly processed electronically.
- Other (*must specify*): _____

Unauthorized Cash or Check Withdrawal

Payee	Check #	Dollar Amount	Date
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Choose one of the following transaction types (*how authorized withdrawal was performed*):

- Check
- Teller withdrawal
- Service Center
- Other (*must specify*): _____

Choose one of the following if an unauthorized check was used. I am named as the:

- Payee (who check is payable to)
- Maker (who signed the check)
- Other (*must specify*): _____

Unauthorized Bill Payment

Card Number Used in Transaction

Company	Dollar Amount	Date
Company	Dollar Amount	Date

SIGNATURE

I give my consent to OU Credit Union to release any information regarding my card and/or account to any local, state, and federal law enforcement agency so that information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my account. Further, I understand I may be required to comply with a court order or subpoena to give testimony. I am an authorized signer on the above account, and I attest the debit above was not originated with fraudulent intent by me or any person acting on my behalf. Any intentional attempt to obtain money from a financial institution by misrepresenting whether a transaction was authorized may result in the imposition of fines up to \$1,000,000, or imprisonment up to 30 years, or both under the provisions of Federal law (18 U.S.C. §1344). **By signing below, I indicate that the information provided in this statement is correct.**

Signature Date

FOR OFFICE USE

- ACH Withdrawal – Payment Services Check/Cash Withdrawal – Loss Prevention Bill Payment – Card Services

