

Written Statement of Unauthorized Transactions



MSUFCU Account Number: _____	
Member Name	Email Address
Mobile Phone	Other Phone

Unauthorized ACH Withdrawal

Company	Dollar Amount	Date

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

Choose one of the following transaction types (how unauthorized withdrawal was performed):

- Check
- Teller Withdrawal
- Service Center Withdrawal
- Other (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 (specify): _____

Unauthorized Bill Payment/ATM Withdrawal

Card Number Used in Transaction			
Company	Sequence #	Dollar Amount	Date
Company	Sequence #	Dollar Amount	Date

I give my consent to MSUFCU to release any information regarding my card and/or account to any local, state and/or federal law enforcement agency so that the information can, if necessary, be used in an 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 in concert with me. **By signing below, I indicate that the information provided in this statement is correct.**

Member Signature

Date

FOR OFFICE USE ONLY

- ACH Withdrawal - Payment Services Check/Cash Withdrawal - Loss Prevention Bill Payment/ATM Withdrawal - Accounting

