



Marriott Employees' Federal Credit Union

Written Statement of Unauthorized/Improper ACH Debit

Instructions: Use one form per company/party. **Form must be received within 60 calendar days** from the date of the statement where the transaction first appeared. **Completing this form will not place a stop payment on future transactions from this company** but will dispute the transaction(s) listed below. **Do not use this form for ATM/Debit Card disputes.** Please fax back the completed form to (301) 634-5183 or mail the form to MEFCU ATTN: Accounting Dept, P.O BOX 6006, Bethesda, MD 20827-6006.

1. Account/Transaction Information:

Member Name: _____ Account Number: _____

Party Debiting the Account (as it appears on your account history): _____

Date of Debit: _____ Amount: \$ _____ Date of Debit: _____ Amount: \$ _____

Date of Debit: _____ Amount: \$ _____ Date of Debit: _____ Amount: \$ _____

Best Phone Number to reach you in the next 24hrs: _____

2. Statement:

I (the undersigned) hereby attest that (i) I have reviewed the circumstances of the above electronic (ACH) debit(s) to my account, (ii) the debit(s) was unauthorized, improper or incomplete, and (iii) the following, to the best of my ability to identify, is the reason for that conclusion:

UNAUTHORIZED/IMPROPER/INCOMPLETE (check only one)

- I did not authorize the party 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 before the date I authorized.
- My account was debited for an amount different than I authorized.
- My check was improperly processed electronically.
- My account was debited by an authorized third party, but that third party failed to make my payment as instructed.
- A debit to my account that was previously returned was improperly reinitiated.

3. Signature:

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 agree that you may disclose information concerning my accounts and the above transactions to other financial institutions involved in the transactions.

I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Signature: _____ Date: _____

FOR CREDIT UNION USE ONLY

Revised 03/2021

Processed by: _____ Date: _____