

WRITTEN STATEMENT OF UNAUTHORIZED DEBIT (ACH)



LCFCU.ORG | 202-707-5852
800-32-LCFCU (52328) | 800-325-2328

1) Account/Transaction Information

Name _____

Account Number _____

Amount of Debit _____

Date of Debit _____

Party Debiting Account _____

2) Statement

I, (the undersigned) hereby attest 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 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.

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

Signature _____

Date _____

Please Fax or Mail your completed form:

- Fax: 202-707-6418
- By Mail:
Library of Congress FCU
8100 Professional Place, Suite 308
Hyattsville, MD 20785-2229

Completed forms can also be dropped off in-person at our Madison branch:
101 Independence Ave., SE,
Room LM 634,
Washington, DC 20540-9997

Revised 11/2021