



# Written Statement of Unauthorized Debit (WSUD)

## PRIMARY OWNER INFORMATION

Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Share ID: \_\_\_\_\_

## COMPANY AND DEBIT INFORMATION

Company Name: \_\_\_\_\_ (Use one form per company.)

Date(s) Debit(s) Posted:	Amount(s):	Date(s) Debit(s) Posted:	Amount(s):
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

## SELECT ONE OF THE OPTIONS BELOW:

**Authorization Revoked:** I revoked the authorization before the debit was initiated and in the manner specified in the authorization.

**Unauthorized:** I have never authorized the above-named party to debit my account.

I authorized the company to originate one or more ACH entries, **but**

the amount differs from the amount I authorized.

the debit was made prior to the date I authorized.

The intended payee did not receive credit for the debit.

My check number \_\_\_\_\_ was processed as both a paper check and an electronic check.

**Improper or Ineligible:** My check was improperly processed.

Unauthorized corporate debit to consumer account.

## STOP PAYMENT REQUEST

**Must be provided at least 3 business days prior to the next transaction.**

Place a stop on all future debits from this company.

Place a temporary stop on debits from this company to expire on \_\_\_\_\_.

I am an authorized signer on the above-referenced account or otherwise have the authority to act on the account identified above. I attest that the listed debit(s) was/were 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: \_\_\_\_\_

## FOR CREDIT UNION USE ONLY

Avenir Employee Signature: \_\_\_\_\_ User ID: \_\_\_\_\_

*If completing this form outside of KeyStone, scan the completed document to FASTDocs.*

