

Written Statement of Unauthorized Debit

If you have any questions, please call 1-877-221-2639.

Section A: Account/Transaction Information

ECM Case Number (For office use only): _____

Account Owner Name: _____

Account Number: _____

Amount of Debit: _____

Date of Debit: _____

Party Debiting this Account: _____

Section B: 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, or did not conform to the terms of my authorization; and (iii) the following, to the best of my ability to identify, is the reason for that conclusion.

I did not authorize the debit to my account.

- I do not know or did not authorize the party listed above to debit my account.
- The signature of a check that was processed electronically is not my signature.

I authorized the party listed above to debit my account, but the entry does not conform to the terms of my authorization.

- My account was debited before the date that I authorized.
- My account was debited for an amount different than I authorized.
- My account was debited by an authorized third party, but that third party failed to make my payment as instructed.
- My check was improperly processed electronically.
- A debit to my account that was previously returned was improperly reinitiated.
- A debit to my account was an improper reversal.

I authorized the party listed above to debit my account, but:

- I revoked the authorization I had given to the party to debit my account before the debit was initiated.
- Other (must specify) _____

Section C: 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.

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).

Signature: _____ Date (MM/DD/YYYY): _____

Please submit request via mail to:

American Express National Bank, PO Box 31492, Salt Lake City, UT 84131

24/7 Account Access | World-Class Service