



If you have any questions, please call 1-800-437-3600, ext. 57703.

Section A: Account/Transaction Information

ECM Case Number (For Office Use Only): _____

Account Owner Name: _____

Account Number: _____

Amount 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 Automated Clearing House (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.
- Other (must specify): _____

Section C: Signature

I am an owner 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 in this statement is true and correct.

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

PLEASE SUBMIT REQUEST VIA FAX OR MAIL TO ONE OF THE FOLLOWING

Fax: 1-800-542-0779

Mail: American Express National Bank, PO Box 30384, Salt Lake City, UT 84130-0384

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