2013 WRITTEN STATEMENT OF UNAUTHORIZED DEBIT FINANCIAL INSTITUTION NAME:

1. Account/Transaction	on Information				
Name:		Accoun	t Number:		
Party Debiting the Acc	count or Originator of	<u> </u>			
Amount of Debit:\$	Date of Debit:		Amount of Debit:\$	Date of Debit:	
Amount of Debit:\$	Date of Debit:		Amount of Debit:\$	Date of Debit:	
Amount of Debit:\$	Date of Debit:		Amount of Debit:\$	Date of Debit:	
2. Statement					
□UNAUTHORIZED DEBI R05	T TO CONSUMER ACC	COUNT USING CORP	ORATE SEC CODE (CO	CD or CTX) - <u>RETURN REASON CODE</u>	
	above said company to			used for ARC, BOC, POP & RCK.) on in the manner specified by above named	
CUSTOMER ADVISES NO RETURN REASON CODE (FOR RCK - SEE BELOW)		ROPER, INELIGIBLE,	OR PART OF AN INCO	DMPLETE TRANSACTION (CHECK ONE)	
□I did not author	ize and have never auth	orized the above name	ed company to debit my	account	
□The amount de debit was \$	bited from my account v	vas different than what	I authorized. The amou	nt I authorized the above named company t	
	oove named company d	ebited my account was	different than what I au	thorized. I authorized the debit to be made	
□The authorizati	on was not clear and un	derstandable			
☐The source do	cument used for the enti	ry (ARC, BOC & POP)	was not an eligible sour	ce document.	
☐The intended payee was not credited. (Incomplete Transaction)					
•	-		•	JRN REASON CODE R37	
ONE OF THE FOLLOWIN	IG REASONS: <u>RETURI</u>	N REASON CODE R5		E OR RCK ENTRY IS IMPROPER FOR ne Originator.	
☐The check is in	□The check is ineligible.				
□All signatures o	□All signatures on the check are not authentic or authorized, or the check has been altered.				
□The amount of	☐The amount of the entry was not accurately obtained from the item.				
	-	-		TED FOR PAYMENT – <u>RETURN REASON</u>	
NOTES:					
NO 120.					
3. Signature					
				st that the debit above was not originated with ttest that the information provided on this	
Date: (MM/DD/YEAR)		Customer/Member Signatu	re:	Print Name:	
Date: (MM/DD/YEAR)		FI Representative Signatur	e:	Print Name:	

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