

please fax to: (601) 664 – 9717 **Attn: ACH DISPUTES**

Affidavit of Unauthorized/Improper ACH Debit Activity In accordance with the ACH Rules and Operating Guidelines

| STATE OF | COUNTY OF |
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| on | , depose and say that I have examined the attached statement or other notification from my ution indicating that an ACH debit entry was charged to my Account No, 200 in the amount of \$, and that the debit entry was revoked, unauthorized, choose one of the three below) |
| > 1. For Ro | Pooked entries, I further depose and say that: I authorized to originate one or more ACH entries to debit funds from my account, but on |
| | E. For (PPD Accounts Receivable Truncated Check Debit Entries) only, the Receiver provided the Originator with notice not to truncate the item to which the entry relates. |
| I further depose and say that the debit transaction was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature. | |
| Date: | Signature: Date: Signature (joint account owner): |
| For Riverti | Rust FCU use only: Received on: (date)/_/ Received by: Resolved on: (date)/_/ Resolved by: |