



For Branch Use Only
MSR Initials _____

AFFIDAVIT OF UNAUTHORIZED DEBIT OR CREDIT (ACH)

Account/Transaction Information

Date of Transaction: _____ Member Name: _____

Member Number: _____ Amount of Transaction: \$ _____

Company Originating the Transaction: _____

Company ID#: _____

Statement

I (the undersigned) hereby attest that (i) I have reviewed the circumstances of the above electronic (ACH) transaction to my account, (ii) the transaction 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 transact my account.
- I revoked the authorization I had given to the party before the transaction was initiated.
Can include pre-authorized payments or deposits (PPD), international ACH Transactions (IAT) or recurring internet-authorized entries (WEB).
 - I wish to stop any future transactions connected with this revoked authorization. **(A \$25.00 Fee will be charged to your account.)**
- My account was transacted before the date I authorized.
- My account was transacted for an amount different than I authorized
- My check was improperly processed electronically.
- Other (must specify): _____

Signature

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the transaction 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.

Signature: _____ Date: _____

Return to your nearest branch | Fax: (208) 343 4587 | Email: info@iconcreditunion.org