pting Personnel:	Completed
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Statement of Unauthorized ACH Debit

[ALVA STATE BANK & TRUST COMPANY]



Written Statement of Unauthorized Debit (ACH)

1.	. Account Transaction Information		
	Name:		
	Account Number:		
	Amount of Debit:		
	Date of Debit:		
	Party Debiting the Account:		
2.	Statement		
(A	the undersigned) hereby attest the (i) I have reviewed the circumstances of the above electronic CH) debit to my account, (ii) the debit was not authorized, and (iii) the following, to the best of my ility 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 check was improperly processed electronically		
	Other (must specify)		
3.	Signature		
Ιa	m an authorized signer, or otherwise have authority to act on the account identified in this statement. Ittest that the debit above was not originated with fraudulent intent by me or any person acting in ncert with me.		
	ave read this statement in its entirety and attest that the information provided on this statement is true d correct.		
	Signature:		
	Date:		