



ACH RETURN REQUEST

WRITTEN STATEMENT OF UNAUTHORIZED DEBIT

► Use this form to request the return of an unauthorized ACH debit after it has posted to your MFCU account.

- Deadlines vary depending on return reasons.

Credit Union Use Only	
Date Received:	
Received By:	

1. Member Information

Name:	Account Number:	Phone:

2. Unauthorized Debit Information

Amount:	Date of Unauthorized Debit:	Payee Company Name :
Company ID#:	Check Number If applicable:	

3. Reason for Return

- | | |
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| <p>Check only one to indicate the reason you are disputing the ACH debit.</p> <p>To dispute debits with different dispute reasons, you must complete a separate form per reason.</p> | <p>The ACH debit was unauthorized. An ACH debit can be considered unauthorized if you never authorized the ACH debit entry from this account; you authorized an ACH debit from this account, but the debit amount is different from the amount authorized; or the debit was posted earlier than the date authorized.</p> <p>The authorization for the ACH debit was revoked. You authorized the ACH debit, but revoked the authorization in accordance with your agreement with the Payee Company named above, and prior to the date the debit posted to your account.</p> <p>Other. Please indicate reason. Deadlines vary depending on reasons.</p> |
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4. Disclosures & Agreements

An ACH Return Request form must be received by Malheur Federal Credit Union ("MFCU") within the deadlines listed above. MFCU will not be held liable if deadlines are not met. Additionally, MFCU will not be held liable for errors or delays caused by extenuating circumstances, including, but not limited to, invalid or insufficient information, and actions or policies of other parties involved in the transaction. Additional terms and agreements apply, including, but not limited to MFCU member agreement.

By signing below, you:

- 1) Warrant and represent that the transaction being returned was not initiated with fraudulent intent by you or by any person acting in concert with you, and
- 2) Warrant and represent that all information you provided herein is true and correct, and
- 3) Warrant and represent that you are either (i) the owner of the account identified above, or (ii) an authorized signer or have corporate authority to act on such account, and
- 4) Attest that you have read and agree to the information provided here, understand the action you are requesting, agree to hold harmless MFCU for any and all ramifications of the action, and understand that the sole form of notification of the transaction(s) will be your periodic statement.

Print Name:	
MEMBER SIGNATURE	DATE
X	

Credit Union Use Only

Is a reimbursement needed:	Yes	No	Other Notes:

Accounting Department

Date Item Returned:	Date Member Reimbursed:	Employee:	Scan after processing:
			Synergy>Default Template>Member Records>Unauthorized Debit