

Written Statement of Unauthorized Debit Form (ACH)

Phone: 469.398.4884 | Fax: 469.398.4888 1212 Turtle Creek Blvd. Dallas, TX 75207 3212 Belt Line Rd. Farmers Branch, TX 75234 101 N. Garland Ave. Garland, TX 75040 2102 E State Hwy 114 Suite 109, Southlake, Texas 76092

ACCOUNT/T	TRANSACTION INFORMATION			
Company Nam	e:			OR:
Last Name:		First:		Middle Initial:
Account Number	er:			
Amount of Deb	it: \$		Date of Debit: / /	
Party Debiting t	he Account:			
STATEMEN	<u>r</u>			
	hereby attest that (i) I have reviewed the circum to the best of my ability to identify, is the reason		ACH) debit to my account, (ii) the	debit was not authorized, and
I did not authorize the party listed above to debit my account.				
I did authorize the party listed above to debit my account except:				
	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 account was debited for an amount different than I authorized.			
	Improperly re-initiated			
	Improperly Reversed			
	Not affirmatively initiated in accordance with the terms of the Standing Authorization			
	Improperly Originated (ARC, BOC, POP, RCK Entries Only)			
	Incomplete transaction			
	Other (must specify)			
SIGNATURE				
fraudulent intent by for The Bank to ac dependent per Entr	signer, or otherwise have authority to act, on the me or any person acting in concert with me. Ref The Bank and Company agree that reasonable y type. ement in its entirety and attest that the information	asonable notification must be rec time is defined per Nacha Operat	eived by Texas Security Bank ("Thing Rules and Regulations Return	he Bank") in order
Signature:			Date: /	/