



2609 Keiser Blvd
 Wyomissing, PA 19610
 610-374-8351 or 800-451-3477
 Fax 484-345-3116

WRITTEN STATEMENT OF UNAUTHORIZED DEBIT (ACH)

We must receive this completed form prior to providing provisional credit to your account. Return this form to Riverfront Federal Credit Union, 2609 Keiser Blvd, Wyomissing, PA, 19610, Attention: ACH Disputes.

Section I: You must complete each item in this section in order for your claim to be processed.

MEMBER NAME		RIVERFRONT ACCOUNT NUMBER	
CARDHOLDER ADDRESS	(STREET	CITY	STATE ZIPCODE)
BEST TIME TO BE REACHED AM / PM	TELEPHONE NUMBER (H)	TELEPHONE NUMBER (W OR MOBILE)	EXT

I have reviewed my account and I dispute the following item. If you are disputing other debits from the same party, please list the other disputed items on the next page. If you have another item(s) to dispute from another party, please complete a separate statement.

Item #1	PARTY DEBITING THE ACCOUNT		ORIGINATOR GROUP ID NUMBER
	POSTING DATE (MO / DAY / YR)	AMOUNT OF DEBIT \$	Please provide details on the next page

Section II: Please select the category which BEST describes the reason you are disputing the debit(s).

- I did not authorize the party listed above to debit my account. (R10)
- Signature of check that was processed electronically is not my signature. (R10)
- I revoked the authorization I had given to the party to debit my account before the debit was initiated. (R07)
- My account was debited before the date I authorized. (R11)
- My account was debited for an amount different than I authorized. (R11)
- My account was debited by an authorized third party, but they failed to make my payment as instructed. (R11)
- My check was improperly processed electronically. (R11)
- A debit to my account that was previously returned was improperly reinitiated. (R11)
- Other (must specify) _____

Section III: Your SIGNATURE AND DATE ARE REQUIRED for your request to be processed. By signing, I certify that I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the debit above was not originated with fraudulent intent by me or any person acting in concert with me.

AFFIDAVIT: By signing below I certify to the best of my knowledge and belief, that all of the information on and attached to this affidavit is true, correct, complete, and made in good faith. I also understand that this affidavit may be provided to federal, state, and local law enforcement agencies for such action with their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statement or representation on or with this affidavit may constitute a violation of 18 U.S.C. or other federal, state, or local criminal statutes and may result in imposition of a fine, imprisonment or both.

SIGNATURE	DATE (MO / DAY / YR)
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***** COMPLETE SECTION IV ON THE FOLLOWING PAGE AS APPLICABLE *****

CREDIT UNION USE ONLY:
 Form received by _____ Date _____ Via In person Phone Fax Mail

