



# None Suffer Lack Federal Credit Union

## Written Statement of Unauthorized Debit

- *Please fill out one form for each payee company.*
- *Fill out the form as completely and accurately as you can. Incomplete forms and errors will delay processing.*

Automated Clearing House (ACH) rules state that a Written Statement of Unauthorized Debit must be obtained before an unauthorized debit may be returned.

To expedite your request, please return the completed form to the None Suffer Lack Federal Credit Union branch office, fax it to None Suffer Lack FCU at 301.899.0305, or mail your signed and completed form to None Suffer Lack FCU at the following address: None Suffer Lack Federal Credit Union, 4929 Allentown Rd., Suitland, MD 20746.

### Written Statement of Unauthorized Debit

I have examined the account statement or other notification sent by NSLFCU indicating that an ACH debit entry posted to my account with the information below. The debit was unauthorized, revoked, improper, or incomplete.

<b>Member Name</b>		
<b>Account Number</b>	<b>Posting Date (MM/DD/YY)</b>	<b>Dollar Amount</b>
<b>Payee Company Name</b>		

**Please select only one appropriate reason for your request:**

**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 than the amount authorized; or it was posted earlier than the date authorized.

**The authorization for the ACH debit was revoked.**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, prior to the date the debit posted to your account.

**Incomplete Transaction**

You authorized the ACH debit, but the payee did not receive the funds.

**The check I wrote was improperly converted to an ACH debit.**

The following are scenarios that could be considered as improper conversions of your check:

- Both your check and an ACH debit were presented for payment from your account.
- You did not receive a notice stating that your check may be converted or re-presented as an ACH debit.
- Your check that was converted to an ACH debit was altered, the signatures were not authentic or authorized, or the amount used was not the same as the written check amount.

I certify that this Written Statement of Unauthorized Debit is true and correct, that I am an authorized signer, or otherwise have authority to act, on the account identified in this statement, that the debit transaction was not initiated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature.

If you need assistance completing this for, you may contact None Suffer Lack Federal Credit Union at 301.899.0300.

**Signature is required.**

**Print Name:**

**Signature:**

**Date:**

## Instructions – How to Complete a Written Statement of Unauthorized Debit

**Purpose:** The Receiving Depository Financial Institution (RDFI) must obtain a Written Statement of Unauthorized Debit (WSUD) from its account holder prior to initiating a return for an entry the account holder claims is unauthorized, ineligible or improper, or for which the authorization has been revoked.

The WSUD is for consumer ACH debit entries only. In case of a revoked authorization or an unauthorized transaction, **the consumer has 60 calendar days from the posting date of the transaction in order for the Credit Union to return it.** Consumers have an additional option to dispute the error up to 60 days from the day the statement reflecting the transaction is sent.

**Do not use this form for Bill Pay, Debit Card or Credit Card transactions. For questions or disputes regarding these products customers should call NSLFCU at 301.899.0300.**

**Unauthorized Debit:** An RDFI must accept a WSUD from an account holder with respect to any unauthorized or improper debit entry to a consumer account. The WSUD must be signed by the account holder, submitted within the time frames provided by the ACH Rules, and otherwise conform to the requirements of Section 3.12. of the ACH Rules. The WSUD must be dated on or after the Settlement Date of the entry(s) for which re-credit is requested. More than one unauthorized debit entry from a single originator may be documented on a WSUD, provided that all of the information detailed above is provided for each debit entry for which the account holder is seeking re-credit.

The top section of the form should be completed as follows. Please print clearly and legibly. Please fill all fields.

1. Enter the name of the account holder filing the WSUD.
2. Enter the account number with the unauthorized or improper entry.
3. Enter the date on which the unauthorized or improper entry posted to the account.
4. Enter the dollar amount of the unauthorized or improper entry.

You (or an authorized signer on your account) must give the Credit Union the account number, payee, date, and exact amount of the debit entry. Without complete information, the Credit Union cannot process your request. **Processing times vary**, but credits should be applied within 48 business hours of receipt of a completed WSUD. Please use the information below to determine which reason is applicable to your needs.

### **ACH Unauthorized Entries**

An unauthorized debit means an electronic fund transfer from a consumer's account initiated by an originator which was not authorized by the consumer to initiate the transfer. An electronic fund transfer in an amount greater than that authorized by the consumer or which results in a debit to the consumer's account earlier than that authorized by the consumer also is an unauthorized debit. An unauthorized debit does not include an electronic funds transfer initiated with fraudulent intent by the consumer or any person acting in concert with the consumer. Please provide the name of the originator making the unauthorized debit.

### **ACH Revoked Authorization**

A revocation of authorization means that the authorization with the originator to allow payments through the ACH network to be deposited in or withdrawn from at a financial institution has been cancelled. The consumer must revoke authorization directly with the originator prior to the return of the debit. Please provide the name of the originator, the date which you informed them to cease debits to your account, and the date and or amount the debit should have been charged.

### **Improper ACH Debit Entry Created from a Check**

This pertains to instances when a check you've written has been converted to an electronic transaction and processed through the ACH network.