

## WRITTEN STATEMENT OF UNAUTHORIZED ACH DEBIT ACTIVITY

Please fax or email this *completed* form to (866) 263-9356 or [directpayments@aacreditunion.org](mailto:directpayments@aacreditunion.org)  
 Or mail to: American Airlines Federal Credit Union, Attn: ACH Department  
 P.O. Box 619001, DFW Airport, TX 75261-9001

**1. Account/Transaction Information**

Name \_\_\_\_\_  
 Account Number \_\_\_\_\_  
 Amount of Debit \_\_\_\_\_  
 Date(s) of Debit \_\_\_\_\_  
 Party Debiting the Account \_\_\_\_\_

**2. Statement:**

I (the undersigned) hereby attest that (i) I have reviewed the circumstances of the above electronic (ACH) debit to my account; (ii) the debit was not authorized; and (iii) the following, to the best of my ability to identify, is the reason for that conclusion:

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

**3. Signature:**

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. I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_

Please contact a Credit Union representative at **(800) 533-0035** if you need help completing this form.

**CU User I.D.** \_\_\_\_\_ **Branch Name** \_\_\_\_\_ **Print Name:** \_\_\_\_\_