

Written Statement of Unauthorized Debit for Unauthorized ACH Debit Activity

	CoastLife Credit Union		
Accountholder:		Account Number:	
Originating Company (only one per form)	or Party Debiting the Account:	::	
ate of Debit: ate of Debit: ate of Debit:	Amount: Amount: Amount:	Date of Debit: Amount: Date of Debit: Amount: Date of Debit: Amount:	
REASON FOR RET	URN		
		ER ACCOUNT USING CORPORATE SEC CODE (CCD or CTX)	
R07 - AUTHORI	ZATION REVOKED BY CUST horization, which I had previou	TOMER (not valid for ARC, BOC, POP, RCK, CCD or CTX Entries) usly given to the above-named party to debit my account, before the de norization by the above-named party.	ebit was
	ER ADVISES ORIGINATOR IS	S NOT KNOWN TO RECEIVER AND/OR IS NOT AUTHORIZED BY	RECEIVER
I did not authoriz		d for CCD or CTX Entries) to debit my account for the above listed entry or entries.	
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I am an authorized signer on the above-referenced account or otherwise have authority to act on the account identified above. I attest that the listed debit(s) was (were) 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.

DATE (MM/DD/YY)

CUSTOMER/MEMBER AUTHORIZED SIGNATURE

PRINT NAME

PRINT NAME

PHONE NUMBER

EXTENSION

DATE (MM/DD/YY)

FINANCIAL INSTITUTION REPRESENTATIVE SIGNATURE

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