

WRITTEN STATEMENT OF UNAUTHORIZED ACH DEBIT ACTIVITY

I, _____, on oath, swear or affirm that the following are true: That I have examined the account statement or other notification sent by American Airlines Federal Credit Union indicating that an Automated Clearing House (ACH) debit entry was posted to my checking/savings Account # _____, on _____ in the amount of \$ _____, by _____ and that the debit was unauthorized or improper.

**Please fax this form to (866) 263-9356 or mail to
 American Airlines Federal Credit Union, Attn: ACH Department
 P.O. Box 619001, DFW Airport, TX 75261-9001**

Please check the appropriate reason from section I or II to complete this statement.

I. For **unauthorized** debit entries, I further state that (check one):

- I did not authorize and have not ever authorized the company indicated above to initiate one or more ACH entries to debit funds from my Credit Union account.
- I authorized the company indicated above to originate one or more ACH entries to debit funds from my Credit Union **account**, but I revoked that authorization on _____ by notifying the company in the manner specified in our agreement.
- The amount debited is different than the amount I authorized.
- The debit was made earlier than the date on which I authorized the debit to occur.
- The intended payee was not credited. (Incomplete Transaction)
- The above-named company improperly reinitiated the listed debit(s).

II. For **improper** electronic check entries, I further state that: (check one)

- The notice stating the terms of the Originator's re-presented check entry policy or converted check entry policy was not provided to me prior to the date the debit entry posted to my account.
- The signatures on the check related to the debit are not authentic or authorized.
- In the case of an Accounts Receivable Entry, I notified the Originator not to convert my check.
- The check related to the debit was paid from my account, as well as the ACH debit.

Do you wish to place a permanent **Stop Payment** against the company listed above? **Yes** **No**

I further declare 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. I understand that the stop-payment fee in effect will be charged to my account, when applicable.

Date: _____ Signature: _____
 Daytime Phone: () _____ Print Name: _____
CU User I.D. _____ **Branch Name** _____ **Print Name:** _____

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