



ACH AFFIDAVIT OF UNAUTHORIZED ACH ACTIVITY

Permanent ACH___ Retrieval of Funds___ Disputed ACH___

1 Month Stop___ (current month)

State of _____ Originating Company Name _____

Amount Debited (if any) _____ Date Debited (if any) _____

I, _____, account # _____ have examined my statement or other notification from Vons Credit Union regarding the originating company whose name appears above

I depose and say that: (check one)

_____ I did not authorize, and have not ever authorized, in writing the originating company that appears above to debit funds from any account at Vons Credit Union

_____ I authorized the originating company whose name appears above to originate one or more ACH entries to debit funds from my account, but on _____, 20____ I revoked that authorization by notifying the originating company in the manner specified in the authorization.

_____ I authorized the originating company whose name appears above to originate one or more ACH entries to debit funds from an account at Vons Credit Union, however,

_____ the amount debited exceeds the amount I authorized to be debited. The amount I authorized is \$_____.

OR

_____ the debit was made to my account on a date earlier than the date on which I authorized the debit to occur. I authorized the debit to be made to my account on or no earlier than _____, 20____.

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

I further depose and say that the debit transaction was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature.

Dated: _____, 20____ Signature _____

I understand my Financial Institution account may be charged \$20.00 per company to process my request.

NOTE: This affidavit must be completed and returned promptly to Vons Credit Union.

Vons Credit Union Member
FAX 626-246-3141

Date