



banking done different

1440 Rosecrans Avenue, Manhattan Beach, CA 90266
800.854.9846 | kinecta.org

Written Statement of Unauthorized ACH Debit Activity

SECTION 1	Name	<input type="checkbox"/> Primary Owner <input type="checkbox"/> Joint Owner	Daytime Phone #
	Member Number		Debit Total

I, _____ (account holder's name), depose and state that I have examined the attached statement or other notification from Kinecta Federal Credit Union indicating that one or more ACH debit entries as shown below were charged to my account by _____ (Party Debiting the Account), and that the debit(s) were unauthorized or improper.

Share ID	Date	Amount

Share ID	Date	Amount

For unauthorized entries. 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: (select only one option below)

- I authorized _____ (Originating Company) to originate one or more ACH entries to debit funds from my account, but on _____ (date) I revoked that authorization by notifying them in the manner specified in the authorization.
- I have never authorized, _____ (Originating Company) to originate one or more ACH entries to debit funds from my account at Kinecta Federal Credit Union.
- I authorized _____ (Originating Company) to originate one or more ACH entries to debit funds from my account at Kinecta Federal Credit Union however, (select only one option below)
 - the amount exceeds the amount I authorized to be debited. The amount I authorized is _____.
 - 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 _____ (date).
- My check was improperly processed electronically.
- I authorized _____ (Originating Company) to originate one or more ACH entries to debit funds from my account, but that third party failed to make my payment as instructed.
- Other (must specify) _____

DISCLOSURE INFORMATION: An **UNAUTHORIZED** debit (with the exception of TEL entries) means an electronic fund transfer from a consumer's account initiated by a person which was not authorized by the consumer, via a writing that was either signed or similarly authenticated, to initiate the transfer. With respect to TEL entries, an unauthorized debit means an electronic fund transfer from a consumer's account initiated by a person who was not authorized by the consumer, via an oral authorization, 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 is also 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. An **IMPROPER** debit means a Re-presented Check (RCK), Accounts Receivable Entry (ARC), or Point-of-Purchase Entry (POP) that meets the criteria described in section four. A **RCK** is a transaction for use of re-presenting paper items (drafts/checks) that have been returned for insufficient or uncollected funds. An **ARC** (also known as a **PPD**) transaction is the mechanism for converting consumers checks mailed for payment in return for goods or services into electronic form (an ACH). A **POP** transaction is when a merchant is permitted to initiate a one-time ACH debit entry to a consumer's account at the point of purchase (at the time a purchase is made). **Credit will NOT be issued if Kinecta does not receive the claim in writing within ten (10) business days of the verbal dispute being reported.**



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SECTION 4	<p>For improper entries, I further state that: (Please select only one entry option below. Refer to section three for brief definitions and the account history for the specific transaction type under "Entry Class Code.")</p> <p><input type="checkbox"/> <i>For RCK (Re-presented Check) Entries only</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> The item is ineligible to be initiated as an RCK entry. <input type="checkbox"/> All signatures on the item to which the re-presented check entry relates are not authentic or authorized or the item has been altered. <input type="checkbox"/> The amount of the RCK entry was not accurately obtained from the item. <input type="checkbox"/> The RCK and the item (paper draft/check) to which the RCK relates have been presented for payment. <input type="checkbox"/> The notice stating the terms of the re-presented check entry policy was not provided by the Originator in accordance by NACHA 's Operating Rules. 	
	<p><input type="checkbox"/> <i>For ARC/PPD (Account Receivable) Entries only</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Notice was not provided by the Originator in accordance with the requirements of the NACHA Operating Rules. <input type="checkbox"/> The source document used for the debit entry is improper. <input type="checkbox"/> Both the source document and the ARC entry to which it relates have been presented for payment. <input type="checkbox"/> The amount of the ARC entry was not accurately obtained from the source document. 	
	<p><input type="checkbox"/> <i>For POP (Point-of-Purchase) Entries only</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> The debit entry for which the Receiver is seeking re-credit was not authorized by the Receiver. <input type="checkbox"/> The source document used for the debit entry is improper. <input type="checkbox"/> Both the source document and the POP entry to which it relates have been presented for payment. 	
SECTION 5	<p>I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the debit transaction above was not originated with fraudulent intent by me or any person acting in concert with me. I have read this statement and attest that the information provided on this statement is true and correct.</p> <p>Date _____ Account Owner's Signature _____</p>	
MSC	MEMBER SERVICE CENTER/ACH-CHECKING USE ONLY	
	Location	Teller Number

Mail to: ACH Department c/o Kinecta Federal Credit Union, 1440 Rosecrans Avenue, Manhattan Beach 90266.
This form may also be faxed to: ACH Department 310.727.8219.