

UNAUTHORIZED ELECTRONIC TRANSFER

MEMBER: COMPLETE THE TOP PORTION OF THIS FORM AND SIGN AND DATE THE SECOND PAGE OF THIS FORM. IF MAILING OR FAXING, INCLUDE A WRITTEN STATEMENT WHY THE DEBIT WAS IMPROPER.

STATE OF OHIO, COUNTY OF FRANKLIN

I, _____, state that I have examined the attached statement or other notification from State Transportation Employees Credit Union, Inc. indicating that an ACH debit entry was charged to my account number _____, on _____, 20____ in the amount of \$ _____, and that the debit was **unauthorized or improper.**

An unauthorized debit (with the exception of TEL entries) means an electronic fund transfer from a consumer's account initiated by a person who 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 that results in a debit to the consumer's account earlier 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. An improper debit means a Re-presented Check Entry [RCK], Point-of-Purchase Entry [POP], or Accounts Receivable Entry [ARC] that meets the criteria described in Section II below.

I. FOR UNAUTHORIZED ENTRIES, I FURTHER STATE THAT: (CHECK ONE)

TO BE COMPLETED BY OFFICE STAFF: COMPLETE THE APPROPRIATE FIELDS

____ I did not authorize, and have not ever authorized, _____

(company name) to originate one or more ACH entries to debit funds from any account at State Transportation Employees Credit Union, Inc.

____ I authorized _____ (company name) to originate one or more ACH entries to debit funds from my account, but on _____, 20____ I revoked that authorization by notifying State Transportation Employees Credit Union, Inc. in the manner specified in the authorization.

____ I authorized _____ to originate one or more ACH entries to debit funds from an account at State Transportation Employees Credit Union, Inc., but

____ 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____ .

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II. FOR IMPROPER ENTRIES, I FURTHER STATE THAT: (CHECK ONE)

TO BE COMPLETED BY OFFICE STAFF – COMPLETE THE APPROPRIATE FIELDS

FOR RCK ENTRIES:

___ the item to which the entry relates is ineligible to be initiated as an RCK entry;

___ the required notice stating the terms of the re-presented check entry policy was not provided by the Originator in accordance with the requirements of the NACHA Operating Rules;

___ all signatures on the item to which the RCK entry relates are not authentic or authorized, or the item has been altered;

___ the amount of the RCK entry was not accurately obtained from the item; or

___ both the RCK entry and the item to which the RCK entry relates have been presented for payment.

FOR ARC ENTRIES:

___ notice was not provided by the Originator in accordance with the requirements of the NACHA Operating Rules;

___ the source document used for the debit entry is improper;

___ both the source document and the ARC entry to which it relates have been presented for payment; or

___ the amount of the ARC entry was not accurately obtained from the source document.

FOR POP ENTRIES:

___ the debit entry for which the Receiver is seeking re-credit was not authorized by the Receiver;

___ the source document used for the debit entry is improper; or

___ both the source document and the POP entry to which it relates have been presented for payment.

I further state 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.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Date

Signature

FAX OR MAIL COMPLETED FORM TO CONTACT INFORMATION BELOW.

STATE TRANSPORTATION EMPLOYEES CREDIT UNION, INC.
1980 W. BROAD STREET, COLUMBUS, OH 43223
TEL: 614-466-4988 TOLL FREE: 800-434-7300 FAX: 614-466-5118