



## WRITTEN STATEMENT OF UNAUTHORIZED DEBIT (ACH)

Please complete this form and return by one of the following methods:

- A. Email to [Disputeclaims@axosbank.com](mailto:Disputeclaims@axosbank.com) or
- B. Fax to: 858-350-0443

### 1. Account/Transaction Information

Name	
Last 4 of Account Number	
Amount of Debit	
Date of Debit	
Name of Party Debiting the Account	

### 2. Statement

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: I did not authorize the party above to debit my account.

- I did not authorize the party above to debit my account.
- I revoked the authorization I had given to the party to debit my account before the debit initiated.
- My account was debited before the date I authorized.
- My account was debited for an amount different than authorized.
- My check was improperly processed electronically.
- Other (must specify):

### 3. Signature

I am an authorized signer, or otherwise have authority to act, on the account in this statement. I attest that the debit above was not originated with fraudulent intent by me or any person acting in the concert of me. I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_