



**Written Statement of Unauthorized Debit**  
(Electronic Check or ACH Withdrawal)

**Section 1: Account/Transaction Information**     Consumer     Business

Accountholder Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Amount of Debit: \_\_\_\_\_ Date of Debit: \_\_\_\_\_

Name of Company Debiting the Account: \_\_\_\_\_

**Section 2: Statement** (Please select one (1) of the below options.)

I (the undersigned) hereby attest that: I have reviewed the circumstances of the above electronic (ACH) debit to my account; the debit was not authorized; and that the following, to the best of my ability to identify, is the reason for that conclusion:

- I did not authorize the company listed above to debit my account
- I revoked the authorization I had given to the company to debit my account before the debit was initiated on \_\_\_\_\_
- My account was debited before the date I authorized
- My account was debited for an amount different than I authorized
- My account was debited twice and I only authorized one debit
- My check was improperly processed electronically

**Section 3: Signature**

I am an authorized signer or otherwise have authority to act on the account identified in this statement. I attest that the debit above was not originated with fraudulent intent by me or any person acting in concert with me.

I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Signature: \_\_\_\_\_ Email Address: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Daytime Ph #: \_\_\_\_\_

Date: \_\_\_\_\_ Evening Ph #: \_\_\_\_\_

Mail or fax completed form to GTE Financial, Attn: ACH Department, P. O. Box 172599, Tampa, FL 33672-0599 or 813.414.8515

**GTE USE ONLY**

Employee Accepting Form (Printed Name): \_\_\_\_\_ Date Form Received: \_\_\_\_\_

Employee Email Address: \_\_\_\_\_ Employee Phone Ext: \_\_\_\_\_