



Written Statement of Unauthorized Debit Form

(ACH Withdrawal or Electronic Check)

SECTION 1: Account/Transaction Information: Consumer Business

Accountholder Name _____ Debited Account Number _____

*Disputed funds will be credit to the disputed account. If the disputed account is closed, funds will be credited to new account replacing disputed account.

Name of Company Debiting the Account _____

SECTION 2: Statement on Personal Account (CHECK ONLY 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:

Not recognized - I did not authorize the company listed above to debit my account (R10, if PPD, R05 if CCD/CTX on personal, R29 on business)

NOTE: Corporate/Business Accounts have a 24-hour timeframe from the date of debit to disputes transactions.

Authorization revoked by customer
I revoked the authorization I had given to the company to debit my account before the debit was initiated on _____ (MM/DD/YY). (R07)

Customer advises not authorized, improper, ineligible or part of an incomplete transaction

- I did not authorize the company to debit my account for the listed entry(ies). (R10)
- The amount debited from my account was different than what I authorized. The amount I authorized the company to debit was 1 _____, 2 _____, listed in itemized. (R11)
- The date the company debited my account was different than what I authorized. I authorized the debit to be made no earlier than _____ (MM/DD/YY). (R11)
- My account was debited twice, and I only authorized one debit. (R10)
- The company improperly reinitiated the listed debit(s). (R11)
- The source document used for the entry was not an eligible source document. I did not write check which was presented. (R10; R11)
- Both the check and the ACH entry posted to my account. (R53)

The item to which the re-presented check entry relates is ineligible or the RCK entry is improper for one of the following reasons: (R51) (RCK)

- The required notice stating the Re-Presented Check Entry policy was not provided by the Originator listed above.
 - The check is ineligible. All signatures on the check are not authentic or authorized, or the check has been altered.
 - The amount of the Entry was not accurately obtained from the item.

GTE INTERNAL USE ONLY	
Employee Accepting Form (Printed) _____	Date Form Received _____



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	PRINTED NAME
EMAIL ADDRESS	DATE
SECONDARY PHONE #	PRIMARY PHONE #

Mobile: Yes No

Mobile: Yes No

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

ADDITIONAL ITEMIZED TRANSACTIONS		
#	Date (MM/DD/YY)	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

