

CANYON COMMUNITY BANK, N.A.

**WRITTEN STATEMENT OF UNAUTHORIZED DEBIT (WSUD)
ACH DISPUTE FORM**

NAME: _____

Account Number: _____

Amount of Debit: _____

Date of Debit: _____

Payee: _____

1. 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:

This debit was *unauthorized* because:

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

____ I revoked the recurring payment authorization I had given to the party to debit my account before the debit was initiated.

____ My account was debited before the date authorized.

____ My account was debited for an amount different from what I authorized.

____ My check was improperly processed electronically.

____ Other (must specify) _____

2. I am an authorized signer, or otherwise have the 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: _____

Date: _____