

CANYON COMMUNITY BANK, N.A.

WRITTEN STATEMENT OF UNAUTHORIZED DEBIT/ VISA DEBIT DISPUTE FORM

Customer Name: _____

Account Number: _____ Card Number: _____

Date Bank was Notified _____ Card in Possession: Yes No Retrieve Card: Yes No

Date Card Closed: _____ Date New Card Ordered: _____

Amount of Debit: _____ Date of Debit: _____

Payee: _____ Claim Number: (Please leave blank) _____

1. I (the undersigned) herby 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.

___ This is a fraudulent transaction. I did not make this purchase, I did not provide any information or give my card number willingly and I have not visited this site or this location for this purchase.

___ 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 twice for the same transaction (Duplicate Transaction)

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

___ I authorized a debit for \$ _____ the amount debited exceeds the amount I authorized to be debited.

___ 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.

Customer Signature: _____ Date: _____

Employee Name: _____ Date: _____