



Kamehameha
Federal Credit Union

1620 N School St. Ste. 116
Honolulu, HI 96817-1849
Phone: 808-842-9660
Fax: 808-842-6499
www.kamehamehafcu.org

Written Statement of Unauthorized Debit

Please fill out one form for each payee company.

Fill out the form as completely and accurately as you can. Incomplete forms and errors will delay your credit back.

Automated Clearing House (ACH) rules state that a Written Statement of Unauthorized Debit must be obtained before an unauthorized debit may be returned.

To expedite your request, please return the completed form to a branch or fax it to Kamehameha FCU at (808) 842-6499. If you are unable to fax, you may mail your signed, completed form to Kamehameha FCU at the following address:

Kamehameha FCU, ATTN: Member Services, 1620 N School St. Ste. 116, Honolulu, HI, 96817-1849.

Written Statement of Unauthorized Debit

I have examined the account statement or other notification sent by Kamehameha Federal Credit Union indicating that an ACH debit entry posted to my account with the information below. The debit was unauthorized, revoked, improper, or incomplete.

Member Name		
Checking Account Number	Posting Date (MM/DD/YY)	Dollar Amount
Payee Company Name		

Please select only one appropriate reason for your request:

The ACH debit was unauthorized.

An ACH debit can be considered unauthorized if: you never authorized the ACH debit entry from this account; you authorized an ACH debit from this account, but the debit amount is different than the amount authorized; or it was posted earlier than the date authorized.

The authorization for the ACH debit was revoked.

You authorized the ACH debit but revoked the authorization, in accordance with your agreement with the Payee Company named above, prior to the date the debit posted to your account.

Incomplete Transaction

You authorized the ACH debit, but the payee did not receive the funds.

The check I wrote was improperly converted to an ACH debit.

The following are scenarios that could be considered as improper conversions of your check:

Both your check and an ACH debit were presented for payment from your account.

You did not receive a notice stating that your check may be converted or re-presented as an ACH debit.

Your check that was converted to an ACH debit was altered, the signatures were not authentic or authorized, or the amount used was not the same as the written check amount.

I certify that this Written Statement of Unauthorized Debit is true and correct, that I am an authorized signer, or otherwise have authority to act, on the account identified in this statement, that the debit transaction was not initiated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature.

If you need assistance completing this form, you may contact Kamehameha FCU toll-free in the U.S. at 1-877-724-6595 or 808-842-9660

Signature is required.

Print Name	
<input type="text"/>	
Signature	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>

NOTE: Please allow two business days for processing. Payments past 60 days may not be able to be recovered.

For Office Use Only			
Completed by	<input type="text"/>	Audited by	<input type="text"/>
Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>