

Account/Transaction	n Information	Account Type:					
Name							
Account Number							
Amount of Debit							
Date of Debit							
Party Debiting Account							
Statement I, (the undersigned) hereby a	ttest that						
(ii) the debit was not autl	ircumstances of the above on orized, and of my ability to identify, is the	, ,					
☐ I did not author	ze the party listed above to	debit my account.					
 I revoked the authorization I had given to the party to debit my account before the debit was initiated. My account was debited before the date I authorized. My account was debited for an amount different than I authorized. 							
				☐ My check was i	mproperly processed electron	onically.	
				Signature			
I am an authorized signer, or other lattest that the debit above was concert with me.	-						
I have read this statement in its true and correct.	entirety and attest that the info	ormation provided on this stat	tement is				
Authorized Signer		Date					