



**GP LOUISIANA FEDERAL CREDIT UNION
STATEMENT OF UNAUTHORIZED DEBIT (ACH)**

1. Account/Transaction Information

Member Name: _____

Member Number: _____ Share Number _____

Amount of Debit: _____

Date of Debit: _____

Company/Merchant Debiting the Account _____

2. Statement

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 (Please select only one option):

I did not authorize the party listed above to debit my account. (R10)

I revoked the authorization I had given to the party to debit my account before the debit was initiated. (R07)

My account was debited before the date I authorized. (R11)

My account was debited for an amount different than I authorized. (R11)

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.

Member Signature: _____ Date: _____

Fax completed form to the Credit Union at 225-654-7232 (or)
E-mail to members@gplafcu.com