

Statement Under Penalty of Perjury



State of _____

County of _____

I, _____, state that I have examined the attached statement or other notification from Baptist Health South Florida Federal Credit Union indicating that an ACH debit entry was charged to my Account No. _____, on _____, 20__ in the amount of \$ _____, and that the debit was unauthorized or improper.

An unauthorized debit (with the exception of TEL entries) means an electronic fund transfer from a consumer's account initiated by a person who was not authorized by the consumer, via a writing that was either signed or similarly authenticated, to initiate the transfer. With respect to TEL entries, an unauthorized debit means an electronic fund transfer from a consumer's account initiated by a person who was not authorized by the consumer, via an oral authorization, to initiate the transfer. An electronic fund transfer in an amount greater than that authorized by the consumer or that results in a debit to the consumer's account earlier than that authorized by the consumer also is an unauthorized debit. An unauthorized debit does not include an electronic fund transfer initiated with fraudulent intent by the consumer or any person acting in concert with the consumer. An improper debit means a Re-presented Check Entry (**RCK**), Point-of-Purchase Entry (**POP**), or Accounts Receivable Entry (**ARC**), or Back Office Conversion Entry (**BOC**) that meets the criteria described in Section II below.

I. For unauthorized entries, I further state that: (check one)

_____ I did not authorize, and have not ever authorized, _____ (company name) to originate one or more ACH entries to debit funds from any account at **Baptist Health South Florida Federal Credit Union**.

_____ I authorized _____ (company name) to originate one or more ACH entries to debit funds from my account, but on _____, 20__ I revoked that authorization by notifying _____ in the manner specified in the authorization.

_____ I authorized _____ (company name) to originate one or more ACH entries to debit funds from an account at **Baptist Health South Florida Credit Union** but;

_____ The amount debited exceeds the amount I authorized to be debited. The amount I authorized is \$ _____.

OR

_____ The debit was made to my account on a date earlier than the date on which I authorized the debit to occur. I authorized the debit to be made to my account on or no earlier than _____, 20__.

II. For improper entries, I further state that: (check one)

• **For Represented Check Entries (RCK):**

- _____ The item to which the entry relates is ineligible to be initiated as a RCK entry;
- _____ The required notice stating the terms of the re-presented check entry policy was not provided by the Originator in accordance with the requirements of the *NACHA Operating Rules*;
- _____ All signatures on the item to which the RCK entry relates are not authentic or authorized, or the item has been altered;
- _____ The amount of the RCK entry was not accurately obtained from the item; or
- _____ Both the RCK entry and the item to which the RCK entry relates have been presented for payment.

• **For Accounts Receivable Entries (ARC), and effective 3/16/2007, Back Office Conversion Entries (BOC)**

- _____ I opted out of check conversion activity;
- _____ Notice was not provided by the Originator in accordance with the requirements of the *NACHA Operating Rules*;
- _____ The source document used for the debit is improper;
- _____ Both the source document and the ARC or BOC entry to which it relates have been presented for payment; or
- _____ The amount of the ARC or BOC entry was not accurately obtained from the source document.

• **For Point of Purchase (POP) entries:**

- _____ The debit entry for which the Receiver is seeking re-credit was not authorized by the receiver;
- _____ The source document used for the debit entry is improper; or
- _____ Both the source document and the POP entry to which it relates have been presented for payment.

I further state that the debit transaction was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature.

I certify under penalty of perjury that the foregoing is true and correct.

Date and Place

Signature

Subscribed and sworn to before me this ____ day of _____, 20____

Notary Public in the state of _____

County of _____

My commission expires: _____

C.U. Employee Name

C.U. Employee Signature

_____, 20____
Date