

Upon completing and signing this form, please fax (518-885-4477), return through secure message in online banking, drop off at any branch location, or mail to: BSNB, PO Box 70, Ballston Spa, NY 12020

BALLSTON SPA NATIONAL BANK

Written Statement of Unauthorized Debit

for Revoked/Unauthorized/Improper ACH Debit Activity

Customer Name _____ Customer Account Number _____

Originator/Company _____

Note: Only one Originator/Company per form

I, the undersigned, state that I have examined my statement (or other notification) from Ballston Spa National Bank indicating that the ACH debit entry/entries, listed below, was charged to my account and that the entry was revoked, unauthorized or improper.

Date: _____	Amount: \$ _____	Date: _____	Amount: \$ _____
Date: _____	Amount: \$ _____	Date: _____	Amount: \$ _____
Date: _____	Amount: \$ _____	Date: _____	Amount: \$ _____

Section I (Consumer Reason for WSUD):

Authorization Revoked (R07 – PPD, TEL, WEB, IAT, POS) ***(select A and, if applicable, B)***

- A) I authorized the Company to originate one or more ACH entries to debit funds from this account, but on _____, I revoked that authorization by notifying the Company in the manner specified in the authorization.
- B) I authorize BSNB to place a stop payment on all future debits from this Company.

Authorization Unauthorized (R05, R10, R11) ***(select A or B and, if applicable, C)***

- A) I did not authorize, and have not ever authorized, in writing, or by similarly-authenticated means (for WEB, TEL, and POP), the Company to originate one or more ACH entries to debit funds from this account.
- B) I authorized the Company to originate one or more ACH entries to debit funds from this account in writing or by similarly-authenticated means, but:

_____ The amount debited is different than the amount I authorized to be debited. The amount I authorized was \$ _____,
OR;

_____ The debit was made to my account on a date different than the date on which I authorized the debit to occur. I authorized the debit to be made to my account on _____,
OR;

_____ The amount debited was not credited to the agreed upon payee. The name of the payee to be credited was _____.

C) I authorize BSNB to place a stop payment on all future debits from this Company

Improper Check Conversion (RCK, ARC, BOC and POP)
(select A, B, C, D, E or F)

- A)** I was not provided the required notice. (R11, R51)
- B)** The signatures on the item are not authentic or authorized.. (R10, R51)
- C)** The item has been altered. (R10, R51)
- D)** The amount of the entry is different form the amount of the check. (R11, R51)
- E)** The item in ineligible to be initiated as an ACH entry. (R11, R51)
- F)** Both, the check and the ACH entry posted to my account. (R37, R53)

Section II (For Corporate Accounts Only – CCD, CTX):

Corporate customer advises unauthorized (24 hour return time frame). (R29)

I state that the debit transaction(s) was not originated with fraudulent intent by me or bay any person acting in concert with me. I assert that I am an authorized signer or have authority to act on the above-referenced account and the signature, below, is my own proper signature. I certify under penalty of perjury that the foregoing is true and correct.

Customer Signature

Date