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WRITTEN STATEMENT OF UNAUTHORIZED DEBIT FOR ACH

Name _____ Name _____

Account Number _____

Amount of Debit _____
 (To **Stop Payment** on **ALL** and **Any** future debits from the same party enter 0.00)

Date of Debit _____

Originator (party debiting the account) _____

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:

() I did not authorize 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 for an amount different than I authorized.

() My check was improperly processed electronically.

() Other (must specify) _____

I (the undersigned) hereby inform Columbia Bank that the authorization for automatic transfers from the account number listed above has been revoked. I (the undersigned) request that Columbia Bank refuse to honor any further requests for such automatic transfers and agree to indemnify and hold Columbia Bank harmless from any claim against Columbia Bank resulting from such refusal. I (the undersigned) 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.

Dollar Amount of Paid Item to be Returned	Date Transaction Posted
\$ _____	_____
\$ _____	_____
[X _____] Signature	_____ Date
[X _____] Signature	_____ Date

AUTHORIZATION TO CANCEL REQUEST

I/We hereby cancel this revocation and am/are aware that the restraint will be deleted from my account allowing future debits from this originator to process.

[X _____]
Signature

[X _____]
Signature

Date

Date

INTERNAL USE ONLY

(Attach account history showing the item from the originator being revoked):

Branch/Department _____ **Date** _____

_____ [X _____]

Columbia Bank Representative _____ **Signature**

DEPOSIT OPERATIONS DEPARTMENT USE ONLY

Date Hold Placed _____ **Representative who placed hold**