Written Statement of Unauthorized Debit

UNAUTHORIZED NON-CARDED TRANSACTION DISPUTE AFFIDAVIT

Accountholders: Complete this Affidavit in its entirety and submit it to your benefit program Administrator. If you do not know how to contact your Administrator, please call the number on the back of your debit card. PLEASE PRINT.

SECTION 1. ACCOUNTHOLDER INFORMATION:

Accountholder Name (First Last):

Accountholder Address:

Phone #:	Email Address:

Employer Company Name:

Administrator Company Name:

Accountholder Last 4-digit of SSN:	Account Type (i.e., HSA, FSA, etc.):
Have you created an online/mobile portal account? Yes ◯ No ◯	If yes, do you still have access to your account? Yes ◯ No ◯

SECTION 2. REPORTED ACTIVITY

◯ I authorized the above person or company to debit funds from my account but;

☐ The amount debited is more than the amount I authorized. The amount authorized is: _____

OR

☐ The debit was made to my account on a date earlier than the date I authorized. The date authorized is: _____

◯ I revoked the authorization I had given to the person or company to debit my account before the debit was initiated. Date authorization revoked _____

◯ I did not authorize the person or company listed above to debit my account.

- Were there unauthorized changes made to your account information (i.e. email address, banking information) Yes ◯ No ◯
  - If yes, what information was changed

Please provide the information requested below, as it may be needed to further an investigation (if applicable):

How was the unauthorized activity identified?

Transaction Date:	Transaction Amount:
Transaction Date:	Transaction Amount:

Additional transactions can be attached to the end of this form

Statement:

Did you file a formal police report? If so, please attach Yes ◯ No ◯

Were you or anyone authorized by you engaged in the transactions? Yes ◯ No ◯

Please provide additional explanation below or include a letter with a detailed explanation of the disputed transaction(s).

_____

_____

Affidavit of Fraud: By signing below, I verify that I am the authorized accountholder, or otherwise have authority to act on the account identified in this Affidavit. Under penalty of perjury, I declare that the foregoing is true and correct and declare that the transaction(s) above was (were) not originated by me or any persons acting in concert with me.

Accountholder Signature:	Date: