

AFFIDAVIT OF UNAUTHORIZED RCC ACTIVITY

Member Name _____ Member Number _____

I, _____ depose and say that I have examined the attached statement or other notification from My Healthcare Federal Credit Union indicating that a Remotely Created Check (RCC) entry was charged to my account number _____ on _____, 20____ in the amount of \$_____, and that the debit was unauthorized.

An unauthorized debit means an RCC from a consumer's account initiated by a person, which was not authorized by the consumer in writing to initiate the debit. An RCC in an amount greater than that authorized by the consumer or which results in 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 RCC initiated with fraudulent intent by the consumer or any person acting in concert with the consumer.

I further depose and say that I did not authorize the issuance of the check in the amount stated on the check to the payee stated on the check.

_____ I did not authorize, and have not ever authorized, in writing _____ to originate one or more RCC entries to debit funds from any account at My Healthcare Federal Credit Union.

_____ I authorized _____ to originate one or more RCC 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 _____ to originate one or more RCC entries to debit from an account at My Healthcare Federal 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____.

****RCC Information Required**

Maker Name _____ Account#MICR# _____

Check# _____ Date Paid ___/___/_____ Sequence# _____

_____ Created fictitiously by: _____ (if maker name is different than member name)

Under penalty of perjury, I further depose and say 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.

Dated: _____, 20____ Member Signature _____

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Affidavit: STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me on the ____ day of _____. 20____, by _____ who is personally know to me or who has produced _____ as identification and who did (did not) take an oath.

Signature of Notary _____