

Written Statement of Unauthorized Debit

Not to be used for ATM, CHECKCARD or IMAGE Check Disputes

Email to: ACH-Request@bokf.com or Fax to: (918) 895-8160

Mail to: BOK Financial Attn: ACH Department PO Box 2300 Tulsa, OK 74192

I, _____, hereby declare and swear under oath that I
(Printed Name of Authorized Signer)

have knowledge that an Automated Clearing House (ACH) debit was charged to my account
number _____, at _____,
(Financial Institution)

on _____ by _____,
(Date) (Company)

in the amount of \$ _____, and that the debit was unauthorized.

The entry should be returned because: (Select One)

I did not sign a written authorization with the company.

I revoked the authorization with the company in the manner specified in the original
authorization.

The entry was for more than the amount I authorized.

The entry was debited to my account earlier than I authorized.

I further declare that the Written Statement of Unauthorized Debit is true and correct; that I am an
authorized signer or have corporate authority to act on the account; and 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: _____

Signature: _____
(Authorized Account Signer)

**NOTICE: THE DISPUTED ENTRY WILL BE REVERSED AND YOUR ACCOUNT WILL BE CREDITED
WITHIN ONE BUSINESS DAY AFTER THE BANK RECEIVES THIS WRITTEN STATEMENT OF
UNAUTHORIZED DEBIT. THE ITEM REVERSAL IS CONTINGENT UPON: 1) THE BANK RECEIVING THIS
COMPLETED AND SIGNED WRITTEN STATEMENT AND, 2) THE BANK RECEIVING THE WRITTEN
STATEMENT WITHIN THE ALLOTTED TIME FRAME FOR THE ITEM.**

Acknowledged by Financial Institution:

Dated: _____

Name: _____ Ext. _____

Signature: _____