



Written Statement Of Unauthorized Or Incorrect Debit (ACH) Form

Please fill out the below information regarding an electronic fund transfer that you believe to be in error or otherwise unauthorized. In order to process a return for your transaction, resulting in an ACH credit to your account, we must receive a signed, correctly completed, copy of the below Written Statement of Unauthorized Debit form within 60 calendar days after the date that the transaction allegedly in error was debited to your account.

Important Note: Your failure to properly complete and return the form within 60 calendar days after the date that the transaction allegedly in error was debited to your account will prevent us from initiating a credit to your account.

Internal Reference: Route to Card Disputes



Fax completed form to:
855.588.1028



Mail completed form to:
WealthCare Saver
P.O. Box 162177
Altamonte Springs, FL 32716

Written Statement Of Unauthorized Debit Or Incorrect Debit (ACH)

I, _____, state that I have examined my account statement or other notification from WealthCare Saver* indicating that the ACH debit entry(ies), listed below, from _____ (Name of party debiting the account [Payee] as it appears on your statement) was charged to my Account Number (12 Digits Beginning with 601) _____ on _____, in the amount of \$_____ and that the debit was unauthorized or incorrect. I further state that the following, to the best of my ability to identify, is the reason for this conclusion (Select only one option by checking one box below. Selecting more than one option will render the form invalid. Do not write additional notations on this form. Additional notations may render this form invalid.):

The ACH Debit Item Is Unauthorized. (Item Meets One Of The Conditions Listed Here.)

- I did not authorize _____ (Name of party debiting the account [Payee] as it appears on your statement) to process this debit against my account. [R10 or R05] [TRAN CODE 246]
- All signatures on the original check to which the debit relates are not authentic or authorized. [R51] [TRAN CODE 246]

Complete Next Page ➤

Authorization For The ACH Debit Item Was Revoked. (Item Meets One Of The Conditions Listed Here.)

I authorized _____ (Name of party debiting the account [Payee] as it appears on your statement) to process debits to my account, but on _____ (date), I revoked that authorization by notifying the Payee in the manner specified in the authorization. [R07] [TRAN CODE 246]

The ACH Debit Item Is Incorrect. (Item Meets One Of The Conditions Listed Here.)

I authorized _____ (Name of party debiting the account [Payee] as it appears on your statement) to process debit(s) to my account at WealthCare Saver, but the amount debited is different than the amount I authorized to be debited. The amount I authorized to be debited is \$_____. [R10] [TRAN CODE 246]

I authorized _____ (Name of party debiting the account [Payee] as it appears on your statement) to process debit(s) to my account at WealthCare Saver, but the debit was made to my account earlier than I authorized the debit to occur. I authorized the debit to be made to my account no earlier than _____ (date). [R10] [TRAN CODE 246]

I authorized _____ (Name of party debiting the account [Payee] as it appears on your statement) to debit my account, but the terms of the authorization were not clear or readily understandable. [R10] [TRAN CODE 246]

Incomplete Transaction. (Item Meets One Of The Conditions Listed Here.)

I authorized _____ (Name of party debiting the account [Payee] as it appears on your statement) to debit my HSA. My account was debited, however _____ (Name of party debiting the account [Payee] as it appears on your statement) is claiming it has not received the funds.

Transaction Date	Amount

Complete Next Page ➤

Signature

I am an authorized signer, or otherwise have authority to act on the account identified in this statement. I attest that the debit(s) 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 is true and correct.

PRINTED NAME OF AUTHORIZED SIGNER ON ACCOUNT

SIGNATURE OF AUTHORIZED SIGNER ON ACCOUNT

DAYTIME TELEPHONE NUMBER

____ / ____ / ____
DATE

Questions? support@bbpadmin.com or 630-773-2337