

AFFIDAVIT OF UNAUTHORIZED ACH

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PART 2: Incomplete Entries

Incomplete Entry:

My account was debited but the corresponding payment was not made to the intended third-party payee.

PART 3: Improper Entries

For improper entries, I further state that (please check one):

For RCK entries:

- The item to which the entry relates is ineligible to be initiated as an RCK entry;
- the required notice stating the terms of the re-presented check entry policy was not provided by the Originator in accordance with the requirements of the Nacha Operating Rules;
- all signatures on the item to which the RCK entry relates are not authentic or authorized, or the item has been altered;
- the amount of the RCK entry was not accurately obtained from the item; or
- both the RCK entry and the item to which the RCK entry relates have been presented for payment.

For ARC entries:

- Notice was not provided by the Originator in accordance with the requirements of the Nacha Operating Rules;
- the source document used for the debit entry is improper;
- both the source document and the ARC entry to which it relates have been presented for payment; or
- the amount of the ARC entry was not accurately obtained from the source document.

For POP entries:

- The debit entry for which the Receiver is seeking recredit was not authorized by the Receiver;
- the source document used for the debit entry is improper; or
- both the source document and the POP entry to which it relates have been presented for payment.

PART 4: Signature — Required

I am an authorized signer, or otherwise have authority to act, on the account identified in this affidavit. I attest that the debit transaction was not originated with fraudulent intent by me or any person acting in concert with me.

Any intentional attempt to obtain money from a financial institution by misrepresenting whether a transaction was authorized may result in the imposition of fines up to \$1,000,000, or imprisonment up to 30 years, or both under the provisions of Federal law (18 U.S.C. §1344).

I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Signature

Date (mm/dd/yyyy)

Print Name

Please **mail or fax** this completed form to:

The Bancorp Bank, N.A. / Advisor Bank
409 Silverside Road, Suite 105, Wilmington, DE 19809
Fax: 302.791.5680