



P.O. Box 3900, Springfield MO 65808
 Comenity Direct Customer Care: 833-755-4354
 direct.comenity.com

Instructions for Completing a Written Statement of Unauthorized ACH Debit

Each disputed ACH transfer must meet the following criteria in order to be processed:

1. The accountholder must notify Comenity Direct and complete this form within **60 Calendar Days** of the statement date on the statement the unauthorized ACH first appeared.
2. A dispute form must be filled out for each disputed charge.
3. A signature is required on each form.

Comenity Direct must obtain a Written Statement of Unauthorized ACH Debit from its accountholder prior to initiating a return for an ACH entry the accountholder claims is unauthorized, revoked, or improper.

Definitions:

Automated Clearing House (ACH) is an electronic network for financial transactions. ACH transactions qualify as **Electronic Funds Transfers (EFT)**.

An **unauthorized debit** refers to an EFT withdrawn from an account by an entity never authorized, for an amount greater than authorized, or earlier than authorized by the accountholder.

A **revoked debit** refers to an EFT withdrawn from an account after the accountholder revoked authorization by notifying the payee company and then notifying Comenity Direct.

An **improper debit** only applies when a check was converted to an ACH entry or an ACH debit initiated by the originator to represent a previously returned check for payment. An improper debit refers to the following scenarios – both the check and an ACH debit were presented for payment, no notice was received stating the check may be converted or represented as an ACH debit, the check that was converted to an ACH debit was altered, or you requested to not have the check converted to an ACH debit.

An **incomplete transaction** occurs when your account is debited, but the payment is never received by the intended recipient. For example, a billpay transaction that is debited from your account but not received by the creditor would be an incomplete transaction.

For questions about filling out this form, please contact Comenity Direct at: **(833) 755-4354, Monday – Friday, 8am – 5:00pm CT**

Please submit the Written Statement of Unauthorized ACH Debit by one of the following methods:

Secure Message	Log in to your Online Banking from the Dashboard, Select envelope icon (top right)> Select Start a conversation > Type and Title your message: WSUD > Select paperclip icon (left of "Type your message") > Select the completed Form, then send	
Fax	801-542- 9056	
Mail	Comenity Direct Attn: Comenity Direct Management P.O. Box 3900 Springfield MO 65808	For Overnight Delivery Comenity Direct Attn: Comenity Direct Operations 2131 E. Primrose Springfield, MO 65804

Written Statement of Unauthorized ACH Debit

Each disputed ACH transfer must meet the following criteria in order to be processed:

1. The accountholder must notify Comenity Direct and complete this form within **60 Calendar Days** of the statement date on the statement the unauthorized ACH first appeared.
2. A dispute form must be filled out for each disputed charge.
3. A signature is required on each form.

I, _____ (Accountholder's Name), state that I have examined the attached statement or other notification from Comenity Direct indicating that an ACH debit entry was charged to my account _____ (Comenity Direct Account Number) on _____, 20__ (Date) in the amount of \$ _____ (Transaction Amount), and that the debit was unauthorized or improper.

Stop further transactions from _____ (Company Name or Transaction Description)

For unauthorized entries, I further state that (select one):

- I did not authorize _____ to debit my account.
- I revoked the authorization I had given to _____ to debit my account before the debit was initiated.
- My account was debited before the date I authorized.
- My account was debited for an amount different than I authorized.
- My check was improperly processed electronically.
- Incomplete Transaction: My account was debited, but the payment was never received by the intended recipient.
- Other (Please describe in detail)
-
-

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

Signature: _____ Date: _____

Phone Number: () - Email Address: _____

FOR COMENITY DIRECT OPERATIONS USE ONLY

Received By: _____ Received Date: _____