

AFFIDAVIT OF UNAUTHORIZED ACH DEBIT ACTIVITY

State of _____

County of _____

I, _____, depose and say that I have examined the attached statement or other notification from **WOORI AMERICA BANK** indicating that an ACH debit entry was charged to my Account No. _____, on _____, 20____ in the amount of \$_____, and that the debit was unauthorized.

An unauthorized debit means an electronic fund transfer from a consumer's account initiated by a person which was not authorized by the consumer in writing to initiate the transfer. An electronic fund transfer in an amount greater than that authorized by the consumer or which results in a debit to the consumer's account earlier than that authorized by the consumer also is an unauthorized debt. An unauthorized debit does not include an electronic fund transfer initiated with fraudulent intent by the consumer or any person acting in concert with the consumer.

I, further depose and say that: *(Please Check one)*

___ I did not authorize, and have not ever authorized, in writing _____ to originate one or more ACH entries to debit funds from any account at **WOORI AMERICA BANK**.

___ I authorized _____ to originate one or more ACH entries to debit funds from my account, by on _____, 20____, I revoked that authorization by notifying _____ in the manner specified in the authorization.

___ I authorized _____ to originate one or more ACH entries to debit funds from an account at **WOORI AMERICA BANK**.

___ 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____.

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: _____, _____

Signature

Subscribed to and sworn before me this _____ day of _____, 20____

Notary Public

(Stamp or Seal)

My Commission expires: _____

A False declaration to a federally insured financial institution may be a violation of Federal and/or State Law.