

HAWAIIAN FINANCIAL FEDERAL CREDIT UNION
WRITTEN STATEMENT OF UNAUTHORIZED ACH DEBIT

1. Debit. I am submitting this Written Statement with respect to Automated Clearing House ("ACH") debit(s) ("Debit") on my Hawaiian Financial Federal Credit Union (HIFICU) account as follows:

Member Name: _____

HIFICU Account Number: _____ ACH Source Number: _____

Originating Company Name ("Originator"): _____

Transaction Amount: \$ _____ Transaction Date: _____, 20_____

2. Unauthorized Debit. I have reviewed the circumstances of the Debit. The Debit was not authorized. The following, to the best of my ability to identify, is the reason for that conclusion:

- I did not authorize the Originator to debit my account.
- I revoked the recurring payment authorization I had given to the Originator to debit my account before the debit was initiated.
 - I wish to stop any future debits connected with this revoked authorization.
- My account was debited before the date I authorized.
- My account was debited for an amount different from what I authorized.
- My check was improperly processed electronically.
- Other (specify) _____

3. Notice to Originator, Enforcement, Investigation, Release of Information. It is my responsibility to notify the Originator. If the Debit was fraudulent, I will file a report with the law enforcement authorities, and will cooperate with all investigations by law enforcement authorities, HIFICU, its examiners, agents and representatives. I authorize HIFICU to release all information it deems relevant to such persons. The Debit was not initiated with fraudulent intent by me or anyone acting in concert with me.

4. Subrogation and Cooperation. If requested by HIFICU, I and everyone authorized to make transactions on the Account will assign to HIFICU all rights that we have against the Originator with respect to the Debit, will do whatever is necessary to enable HIFICU to exercise its rights, will cooperate with HIFICU, and will not prejudice HIFICU's rights.

5. INDEMNIFICATION. SUBJECT TO APPLICABLE LAW, I HEREBY AGREE TO INDEMNIFY AND HOLD HIFICU HARMLESS FROM ANY AND ALL CLAIMS AND LIABILITY ARISING UNDER OR IN CONNECTION WITH THIS WRITTEN STATEMENT AND ANY ACTION HIFICU TAKES AS A RESULT, INCLUDING WITHOUT LIMITATION ANY AND ALL CLAIMS, LIABILITIES, LOSSES, DAMAGES, JUDGMENTS, COSTS, CHARGES, CONSEQUENTIAL DAMAGES, PUNITIVE DAMAGES, FINES, PENALTIES, ATTORNEY'S FEES, AND ANY AND ALL OTHER CLAIMS AND EXPENSES WHATSOEVER.

6. Reservation of Rights by HIFICU. I understand and agree that HIFICU reserves all rights. No action by HIFICU shall be deemed a waiver of any rights HIFICU may have against me or others unless expressly identified as a waiver in writing signed by an authorized official of HIFICU.

7. Affirmation. I am an authorized signer, or otherwise have authority to act, on the Account identified above. I attest that the information provided on this statement is true and correct.

DATE: _____, 20_____

Signature

For Credit Union Use Only

Received by: _____ Date: _____

Processed by: _____ Date: _____

Verified by: _____ Date: _____