

# ACH DEFTO REVERSAL

Email To: EFT Services  
If Disputing a DEFTI - Complete Form #3

Member Account #: \_\_\_\_\_ Suffix: \_\_\_\_\_

Member Name: \_\_\_\_\_

I \_\_\_\_\_, hereby authorize America First Credit Union to reverse the  Debit or  Credit that was for \$ \_\_\_\_\_ on \_\_\_\_\_ .  
(Date)

*Note: Reversal requests on Debit transactions from Other Financial Institutions within **5 Business Days** require a statement to verify funds were debited from the account.*

## Other Financial Institution Information:

Financial Institution: _____
Routing Number / ABA (must be 9 digits) _____
Account Name: _____
Account Number: _____
<input type="checkbox"/> Debit or <input type="checkbox"/> Credit (our): (Select One)
<input type="checkbox"/> Savings Account <input type="checkbox"/> Checking Account <input type="checkbox"/> Loan# _____

Reversal requests for Loan Payments at Other Financial Institutions and Reversal requests after 5 business days of the Original Transaction are not guaranteed.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Branch #: \_\_\_\_\_ Teller #: \_\_\_\_\_ Member Contact #: \_\_\_\_\_

