

ACH DISPUTE FORM



Bank Customer Information

Bank Customer Name: _____ Phone Number: () _____ - _____

Bank Customer Email Address: _____

Horizon Member Information (if applicable):

Member Name: _____ Spending Account ID or SSN: _____

Banking Information

Checking Savings

Bank Name: _____

Bank Contact Name: _____ Phone Number: () _____ - _____

Bank ABA Routing Number: _ _ _ _ _

(The ABA routing number is the nine digit number located at the bottom left corner of your check)

Bank Account Number: _____

I did not authorize Horizon to debit my bank account

I did contact my bank to dispute the ACH transfer with my bank

ACH Transaction Dispute

The following ACH transactions were not authorized:

Account Number:	Date:	Debit Amount:

Signature

I give my consent to Horizon to release any information on to any Federal, State, County or municipal law enforcement agency.

Signature: _____ Date: _____

Questions? Call Member Services at 1-888-215-0025.

Send via secured email only:
HorizonMyWay.Documents@Hellofurther.com

Fax to:
866-231-0214

Mail to:
P.O. Box 64193
St. Paul, MN 55164-0193