P.O. BOX 6048
DEARBORN, MICHIGAN 48121
PH 313.336.2700 PH 888.336.2700
www.dfcufinancial.com

Written Statement of Unauthorized Debit – Business

Please Read Before Proceeding

1. This form **must** be completed by the person whose name appears on the business check card.
2. We cannot process your claim until we have received **all** of the required information and/or documentation.
3. The Written Statement of Unauthorized Debit Form is to be completed if you are claiming that an unauthorized or erroneous electronic debit transaction has been withdrawn from your account.
4. This form **must** be received by DFCU Financial within thirty-three (33) days from the statement date.

Required Information

Please take the following actions:

1. Complete the form.
2. Return the form to DFCU Financial using one of the following methods:

Deliver in person to any DFCU Financial branch location. **Or** Mail to: DFCU Financial PO Box 6048 Dearborn, MI 48121-9853 **Or** Fax to 313.359.9410

You <u>must</u> complete all of the requested information:

Member/Organization Number	Your Name
Daytime Phone Number	Email Address

Statement & Authorization

I am an authorized signer, or otherwise have authority to act, on the account identified in this Statement. I authorize DFCU Financial to credit my account and initiate a debit entry to return the item to the originator. I have read this Statement in its entirety and declare that the information provided on this statement is true and correct.

Business Card Holder Signature **Date**

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Instructions for Completing the Following Section

1. Please check only one dispute type. Check the box that most closely matches the type of dispute you are submitting.
2. We will be unable to process your dispute unless all of the required information is provided.

I have examined my statement from DFCU Financial indicating that an ACH debit or electronic check entry was charged to my account. The entry was unauthorized or improper.

Company Name: _____

Date(s)	Amount(s)	Check number (if applicable)

I. For UNAUTHORIZED ACH DEBITS (check one)

☐ I have never authorized the above listed company to originate ACH entries to debit funds from any account at DFCU Financial.

☐ I authorized the above listed company to originate ACH entries to debit funds from an account at DFCU Financial but:

___ the amount I authorized is _____ ; or

___ I authorized the debit to be made to my account on or no earlier than _____(month/day/year).

☐ I authorized the above listed company to originate ACH entries to debit funds from my account, ***but*** I revoked that authorization by notifying the company above in the manner specified in the original authorization.

Date authorization was revoked: _____

Revocation by:

- ☐ Phone: Spoke with: _____
- ☐ US Mail: Provide copy of letter
- ☐ Email: Provide copy of email
- ☐ In Person

☐ Other (must specify) –

Describe the incomplete transaction*: _____

*An incomplete transaction is when a payment to an intended third party payee was not made or completed by the company or financial institution.

II. For UNAUTHORIZED ELECTRONIC CHECK ENTRIES (check one)

☐ The electronic check has also cleared my account via paper draft.

☐ The amount of the electronic check was not accurately obtained from the source document.

☐ Signature(s) on the source document to which the electronic check relates to are not authentic or authorized, or the item has been altered.