



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

Zelle Non-Fraud Dispute Form

Please Read Before Proceeding

1. This form **must** be completed by the person whose name is registered with the Zelle account.
2. We will be unable to process your claim until we have received all the required information and/or documentation. Forms **must** be received by DFCU Financial within sixty (60) days of the transaction date as printed on your statement.

Return the form(s) 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
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3. Monitor your mail and respond promptly to requests for additional information. Failure to respond by the provided deadlines could result in error denial and reversal of any provisional credits posted to your account.
4. **Do not** complete this form for unauthorized transactions. **If someone has used your Zelle account to make transactions without your knowledge or permission, complete the *Zelle Transaction Statement of Fraud* form.**

REQUIRED INFORMATION

Your Contact information: (All fields are required)

Member number	Member name	Account Number
Daytime phone number		Email
Date You discovered the error(s)		Date charge(s) reported to DFCU Financial

Transaction Details: (Please print additional sheets if necessary.)

Recipient/Sender Name	Transaction Posting Date (mm/dd/yy)	Transaction Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Zelle Transaction Dispute Form, continued

INSTRUCTIONS FOR COMPLETION

1. Please check **ONE** statement that most closely matches your reason for dispute.
2. All fields are required; choosing more than one reason or missing information could delay processing.

Multiple Charges for the Same Transaction

Date of **First** Charge: _____ Date of **Third** Charge: _____
Date of **Second** Charge: _____ Date of **Fourth** Charge: _____

Incorrect Transaction Amount

Amount for which the transaction posted: \$ _____
Amount for which the transaction **should have** posted: \$ _____

Transaction Cancelled

Date of transaction: _____
Date of cancellation: _____

Transaction Posted from Incorrect Account

Account from which transaction should have been debited: _____
Account from which transaction was debited: _____

Non-Receipt by Intended Recipient

What contact information did you use? _____
(Enter the email address, mobile phone number, or account number used)

Have you verified with the recipient that the contact information previously listed is correct?

Yes No If you answered "Yes" is the recipient enrolled with Zelle? _____

If you answered "No", have you tried to cancel the payment? Yes No

Zelle Transaction Dispute Form, continued

Other

STATEMENT & AUTHORIZATION

I declare that the information provided on this form is true and correct.

Account Holder Signature _____

Date _____