



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

# Written Statement of Unauthorized Debit

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## Please Read Before Proceeding

1. These forms must be completed by the account owner.
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Form is to be completed if you are claiming that an unauthorized or erroneous electronic debit transaction has been withdrawn from your account.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 sixty (60) days from the statement date.
5. Claims regarding corporate transactions with Standard Entry Class (SEC) codes of CCD or CTX must be received within 2 business days of the transaction.

## Required Information

Please take the following actions:

1. Complete the form.
2. 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

## You must complete all of the requested information:

\*Required Fields

*Member 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.

\_\_\_\_\_  
 Member 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.