



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

Zelle Transaction Statement of Fraud

Please Read Before Proceeding

1. This form **must** be completed by the person whose name is registered with Zelle.
2. Complete this form if you are reporting *fraudulent* or *unauthorized* transactions NOT performed by the Zelle account holder.
3. Forms **must** be received by DFCU Financial within sixty (60) days of the transaction date as printed on your statement. We will be unable to process your claim until we have received all the required information and/or documentation.

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

Fax to:
 313.359.9410

4. 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.

REQUIRED INFORMATION

Your Contact information: (All fields are required)

Member number	Member name	Account Number
Daytime phone number		Email
Date You discovered the unauthorized charge(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 Statement of Fraud, continued

UNAUTHORIZED OR FRAUDULENT USE OF ZELLE ACCOUNT

By signing below, I make this affidavit for the purpose of establishing the fraudulent use of my Zelle account. I did not give, sell, or trade my account information, nor did I give anyone permission to use my account, including anyone in my household. I did not receive any benefit from the unauthorized use of my account. I give my consent to the credit union to release any information regarding my account to local, state and/or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my account. Further, I understand I may be required to comply with a court order or subpoena to give testimony. I swear this affidavit is true and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

I have reported the activity to the police: No Yes – complete information below:

Agency: _____

Report Number: _____

Contact Number: _____

STATEMENT & AUTHORIZATION

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

Account Holder Signature

Date