

Statement of Unauthorized or Improper Zelle, A2A or Bill Pay Transaction



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RiverfrontFCU.org

Owner Information (As Applicable and as Required by the Credit Union)

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Name _____ Member Number _____ Home Phone _____ Work Phone _____

Unauthorized or Improper Transaction Information (Complete all fields that apply to this transaction.)

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Type of transaction: Zelle A2A Bill Pay

Account Number _____ Incorrect Transaction Amount _____ Correct Transaction Amount _____ Date Transaction Occurred _____

Date Authorized (3 below) _____ Date Authorization Revoked (4 below) _____ Person or Entity Debiting the Account or Being Paid _____

Declaration Concerning the Unauthorized or Improper Zelle, A2A or Bill Pay Transaction

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By my signature below, I hereby attest that I have reviewed the circumstances of the above transaction from my account that is unauthorized or improper, and state that the reason the transaction is unauthorized or improper is because:

- 1. The debit is **unauthorized** (I never agreed to this withdrawal).
- 2. The debit is for an **incorrect amount** (I authorized the Zelle, A2A or Bill Pay transaction, but the amount debited is different than the amount withdrawn (see Correct Amount field above)).
- 3. The debit was **paid before the date I authorized** for the withdrawal (see Date Debit Authorized field above).
- 4. The authorization for debit was **revoked** (I initially authorized the debit, but revoked the authorization with the party prior to the date of the withdrawal (as noted in the Date Authorization Revoked field above)). May not be used for ARC, BOC, POP or RCK transaction.
- 5. The debit was **not completed** (I authorized the withdrawal, but the payment was not made to the payee).

Additional Facts, Information or Comments about the Unauthorized or Improper Zelle, A2A or Bill Pay Transaction (Optional)

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Certification & Promises by the Owner

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Certification: I certify under penalties of perjury that I have read this statement in its entirety and attest that all information provided and all certifications made in this Statement are true and correct. I have reviewed my periodic statement, account or internet service and have discovered that the Zelle transfer, A2A transfer or Bill Pay transaction identified in this statement is unauthorized or improper. I attest that the transaction above was not originated with fraudulent intent by me or any other person acting in concert with me. I agree that your credit union and anyone else to whom this Statement is provided may rely on the information and certifications contained in it. I understand that any intentional attempt to obtain money from a financial institution by misrepresenting whether a transaction was authorized may result in the imposition of fines up to \$1,000,000, or imprisonment up to 30 years, or both under the provisions of Federal law (18 U.S.C. §1344).

Promise to Indemnify, Defend and Hold Harmless: I agree to indemnify, defend, and hold harmless your credit union and any other person who relies on this Statement from all claims, damages, losses and costs (including attorney fees) because of actions taken in reliance on the information provided or the certifications and promises made in this Statement.

Information, Release of Information and Cooperation: I agree that I may need to provide your credit union with additional information concerning the unauthorized or improper transaction on my account. I consent to the release of any information in this Statement to any person who has a business or law enforcement interest in the unauthorized or improper ACH debit.

Owner Signature _____ Owner Signature _____ Owner Signature _____

Acknowledgement by Notary Public (Required at the Election of the Credit Union)

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State of _____ in the county of _____, Notary _____

This Agreement was signed before me on _____ Commission Expires _____

by _____
Name(s) of Owner(s)

Notary Seal

Reviewed

Employee Name _____ ID Number _____ Statement Date _____

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