

# ZELLE® TRANSACTION DISPUTE



I make this affidavit for the purpose of establishing the unauthorized use of, or incorrect charge to my Zelle® service.

- I did not give, sell or trade my Zelle® account or Zelle® information to anyone nor did I give anyone permission to use my Zelle® service.
- I have no knowledge that my spouse, children, any other individual or company made any transaction(s) on or after the date of the first unauthorized transaction indicated.
- Neither I nor anyone in my household received any benefit from the unauthorized use of my Zelle® service.

Name	Account Number	Phone	Email Address

Street Address	City	State	Zip

Disputed Transaction Amount: \_\_\_\_\_ Date of the Disputed Transaction: \_\_\_\_\_

I discovered the first unauthorized transaction on \_\_\_\_\_

I notified the Credit Union of the unauthorized transaction on \_\_\_\_\_

## Choose ONE of the following:

☐ I certify that I did initiate the Zelle payment, but the intended recipient did not receive the payment.  
(Please answer follow-up questions listed below).

- What Zelle® contact information did you use for the intended recipient? \_\_\_\_\_?  
(enter the email address or mobile phone number)
- 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

☐ I certify that I initiated the payment, however, the payment was the result of fraud or scam: (Please provide details):

☐ I certify that my account was debited for an amount different than what I authorized. The authorized amount was \$\_\_\_\_\_.

☐ I never enrolled in Zelle at NASA Federal Credit Union.

☐ I certify that I did not initiate or authorize the transaction listed above.

☐ Other: Please explain:

☐ If applicable, I notified the police department:

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Officer: \_\_\_\_\_

Case Number: \_\_\_\_\_

- *I give my consent to NASA FCU to release my information regarding my account to any 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 Zelle® and/or card account. I swear this affidavit is true and understand that making a false sworn statement or attempt to defraud a federal credit union is subject to federal and/or state statutes and may be punishable by a fine up to \$1,000,000 and/or by imprisonment up to 30 years.*

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date