



DEBIT CARD DISPUTE FORM

CARD NUMBER

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Cardholder Name: _____ Cardholder Phone Number: _____

Reason for Dispute: (Please check one of the following and provide all pertinent information required in that section. If there is a past or current relationship with the merchant, you must first try to resolve with merchant.)

- Membership Cancellation: Please include proof of cancellation such as email, letter, or fax

Trans. Date (mm/dd/yyyy): _____ Trans. Amt\$ _____

Cancellation Date (mm/dd/yyyy): _____ Cancellation Number: _____

- Duplicate Transaction: Transaction is valid but posted more than once to account.

Valid Transaction \$ _____ Valid Transaction Date (mm/dd/yyyy) _____

Invalid Transaction \$ _____ Invalid Transaction Date (mm/dd/yyyy): _____

- Credit Not Processed: Credit was not posted to account based on merchant agreement

Initial purchase date: _____ Expected date of credit? _____

Credit Amount \$ _____ Date item returned: _____

Please provide proof of return such as a receipt, postal receipt, shipping confirmation, or email.

- Unauthorized Transaction (Fraud): Your card Must be reported as lost or stolen to use this dispute option. By checking this option you certify that you did not authorize this transaction, or authorize anyone else to use your card to conduct transactions.

Card in Possession at time of transaction: Yes No

Date Loss Discovered: _____ Date Loss Reported to C.U. _____

Date of First Fraudulent Charge: _____ Was Police Report Filed: Yes No

If yes, please provide the following:

Name of officer: _____ Phone# _____

County of Police Department: _____ CaseID# _____

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Transaction Date: _____ Transaction Amount\$ _____

Merchant Name: _____ Disputing more than one item: Yes No

If yes, please use the next section to list charges:

Transaction Date	Amount	Merchant Name
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other:

Transaction Date: _____ Amount: _____

Merchant Name: _____

Please use the space provided to further information regarding dispute. Use another sheet of paper if necessary. Please be specific:

I give consent to the credit union to release any information regarding my card and/or card 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 card and/or card account. Any false statements provided on this form will void this claim and forfeit your dispute rights.

Signature

Date