

Debit Card Dispute Form



* Disputes must be submitted with in 60 days of the posted transaction date.

Cardholder Name:	Primary Phone Number:	Secondary Phone Number:
Mailing Address:		
	City:	State:
	Zip:	
Card Number: Debit ATM Account Number:	At the Time of the Fraudulent Transaction, my Card was: In My Possession Lost Never Received Stolen	Was law enforcement notified? Yes No
Date Cardholder Discovered Loss:	Date Cardholder Reported Loss to Credit Union:	Date of First Fraudulent Transaction:

Disputed Transactions:

Date: _____ Amount: \$ _____ Merchant Name: _____

Date: _____ Amount: \$ _____ Merchant Name: _____

Date: _____ Amount: \$ _____ Merchant Name: _____

Date: _____ Amount: \$ _____ Merchant Name: _____

Date: _____ Amount: \$ _____ Merchant Name: _____

Date: _____ Amount: \$ _____ Merchant Name: _____

Date: _____ Amount: \$ _____ Merchant Name: _____

I've attempted in good faith to resolve this dispute with the merchant(s)

No Yes (If Yes, please include details in the attached statement)

Category:

Check one category below that best describes your dispute for the transactions listed above.

****Please note:** Complete a separate form for each transaction if more than one category applies.

Unauthorized/Counterfeit Chip Transaction

I didn't authorize or engage in the transaction.

Returned Merchandise

I returned merchandise to the merchant on _____ (date).
A copy of the delivery carrier receipt is enclosed.

Debit Card Account Billed Twice

I was incorrectly charged \$ _____ on _____ (date).
The correct transaction for \$ _____ posted on _____ (date).

Defective Merchandise/Not as Described

The merchandise arrived broken, defective or otherwise unsuitable OR the product or service received was not as described by the merchant. The merchant's advertisement and a letter explaining what I expected to receive are enclosed. I returned or attempted to return the merchandise on _____ (date).

Merchandise or Service Not Received

I didn't receive the merchandise or services I expected to receive on _____ (date). A detailed description of the merchandise or services purchased: _____

Credit Slip Issued and Not Processed

I was issued a credit receipt that didn't post to my account.
A copy of the credit receipt is enclosed with this form.

Canceled Services/Merchandise/Reservation

I canceled the services/merchandise/reservation on _____ (date). However, the merchant continues to bill me.
The reservation cancellation number is _____.

Paid by Other Means

I paid for this transaction using cash, check or another bank card. A copy of my cash receipt canceled check or other bank card statement is enclosed.

Non-recognition

I don't recognize this transaction. I've attempted in good faith to identify the transaction.

Incorrect Amount

I was billed \$ _____, but the correct amount is \$ _____.
Evidence of the correct amount is enclosed.

ATM Dispute

I attempted to withdraw \$ _____ from my account at an ATM, but only \$ _____ was dispensed. Machine location _____

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In the space provided below please explain your attempt to resolve the dispute with the merchant. Include cancellation numbers, persons you spoke with, dates of conversations, etc. Detail any information you think is necessary. If you have receipts, emails, etc. please include those with this dispute form.

Cardholder Signature: _____ Date: _____