



Debit Dispute Form

Cardholder Name _____

DFDFCU Account Number _____

Debit Card Number _____

	Transaction Date	Amount	Merchant Name
1			
2			
3			
4			
5			

Please check **only one** statement that pertains to this dispute.

Fraudulent This transaction was unauthorized

Duplicate Charge I have been billed more than once for the same transaction.

Incorrect Amount I was billed the wrong amount

Paid by Other Means I paid for this transaction with another form of payment.

Cancelled I was charged for a product or service that I have previously cancelled

Merchandise not as Described The merchandise I received was damaged, defective or not what I ordered.

Service not as Described The service I received was not what I expected based on the description provided.

Non-Receipt of Merchandise or Service I did not receive the merchandise or service I ordered.

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. Detail any and all information you think is necessary. If you have receipts, emails, etc. please include those with this dispute form.

Member Signature _____

Date _____