



CUSTOMER DEBIT CARD DISPUTE REQUEST

Date: _____ Name: _____

Phone #: _____ Email: _____

16 Digit Card Number _____

Disputed Transactions

Date: _____ Dollar Amount: \$ _____ Merchant: _____

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I have attempted in good faith to resolve this dispute with the merchant. No Yes, please include details..

At the time of the transaction the card was: In my possession Lost Stolen, please indicate details

and dates regarding lost/stolen: _____

Category

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

Please note: Complete a separate form for each dispute if more than one category applies. Please provide copies of emails, texts, receipts, bills, or statements related to any of the following dispute reasons.

_____ Unauthorized/Fraud

I did not authorize this transaction. I have never done business with this merchant.

_____ Unauthorized

I did not authorize this transaction. I do/did business with the merchant, but did not authorize this transaction(s).

_____ Returned Merchandise

Returned merchandise to merchant on _____ (date). Attach copy of the delivery receipt.

_____ Debit Card Billed Twice

Incorrectly charged \$ _____ on _____ (date).

The correct transaction for \$ _____ posted on _____ (date).

_____ Defective Merchandise/Not as Described

Merchandise arrived broken, defective, or otherwise unsuitable OR service received was not as described by the merchant. I attempted to return the merchandise on _____ (date). My explanation of the defect is attached, and advertisement if applicable.

_____ Merchandise or Service Not Received

Did not receive merchandise or service I expected to receive on _____ (date). Detailed description of merchandise/services purchased: _____

_____ Credit Not Received

Issued a credit receipt that did not post to my account. A copy of the credit receipt is attached to this form.

_____ Cancelled Services/Merchandise/Reservation

Cancelled the service/merchandise/reservation on _____ (date); however, the merchant continues to bill me. The reservation cancellation number is: _____ Was this purchase under contract? _____

_____ Paid by Other Means

Paid for this transaction using cash, check, or other bank card. Copy of my cash receipt, cancelled check, or other bank card statement attached.

_____ Incorrect amount

Billed \$ _____, but the correct amount is \$ _____. Attach evidence of the correct amount.

_____ ATM Error

I used an ATM and did not receive all/partial the correct amount of cash. I requested \$ _____, and received \$ _____. Attach a copy of receipt.

_____ Other

The categories above do not describe situation. Explanation:

I understand that in order to process a dispute for fraudulent items, my VISA debit card will be closed immediately. I certify that I did not participate in, benefit from, or authorize the transaction(s) listed on this form. I did not give, sell, or trade my card to anyone, nor did I give anyone permission to use my card. I understand that no provisional credit will be issued until the Credit Union receives this completed form and that it may take up to 10 days to research the items after receiving this form.

I give my consent to the Credit Union to release any information regarding my card and/or account to any local, state, federal law enforcement agency or merchant necessary to investigate and prosecute any person(s) who may be responsible for fraud involving my card. I swear this form is true and understand that making a false sworn statement is subject to federal or state statutes and may be punishable by fines and/or imprisonment. Repeated debit card abuse will lead to restriction of these services.

Cardholder Signature: _____ Date: _____