Debit Card Dispute Form

Date _____ Account # _____Card # _____

Member Name _____ Phone _____ (cell) _____

Address _____

Date of Transaction_____ Amount _____

Merchant Name_____City/State_____

Reason for dispute (Check only one):

_____ Unauthorized – Member has no knowledge of the transaction –
_____ Hot carded _____New card issued/ordered

All reasons below REQUIRE a detailed statement (Question 7). MasterCard regulation states that before a charge may be disputed it is the member's responsibility to try and resolve the discrepancy with the merchant. Please attach any slips, correspondence or supporting documentation that may be helpful in resolving your dispute.

I have attempted to resolve with the merchant:
Merchant Name _____ Date of Contact _____
Merchant's response _____

_____ Cancellation of Merchandise or Services Dispute – original cancellation date: _____

_____ Return of Merchandise Dispute (copy of receipt required)

_____ Duplicate Transaction Dispute

_____ Paid by Other Means Dispute (must provide copy of receipt)

_____ Non-Receipt of Goods or Services

_____ Credit Transaction posted as a Debit in Error (must provide copy of credit receipt)

_____ Incorrect Transaction Amount (must provide copy of receipt showing correct amount)

_____ Quality of Goods or Services Dispute

_____ Other – please explain: _____

_____

_____

Revised 11/2022

Debit Card Dispute Form

1. Did you or another account owner participate in the transaction? ____ Yes_____ No
   If yes, make sure to select reason on page 1.
2. Is card lost or stolen? _____ When did you first report this to CFCU? _____
3. Where is your card kept? _____ Where is your PIN code kept? _____
4. Is the PIN code written on the card? ____ Yes ____ No
5. Do you know who may have used your card? ____ Yes ____ No
6. If yes, record name: _____
   Did you give that person permission to use your card at any time? ____ Yes ____ No
7. Additional details related to this dispute and/or additional information you would like to provide:

_____

_____

_____

_____

_____

_____

_____

Notice to Member

Signing an affidavit containing false information is a criminal offense. Please be sure all information is accurate before signing this form. This matter may be forwarded to the appropriate law enforcement agency for follow-up investigation. For reports of unauthorized use, I understand that I may be asked to cooperate in the prosecution of the person(s) improperly using my card and to review suspect's photos taken during the transaction.

Under Regulation E, which implements the Electronic Fund Transfer Act, a financial institution has a minimum of 10 business days to research an alleged error before any re-crediting is required. Notifications of the results of the investigation and of any re-crediting will be delivered by mail.

_____ _____

Cardholder Signature Date Credit Union Employee Signature Date

Revised 11/2022