



Name: _____

Account Number: _____

Phone Number: _____

Card Number: _____

At the time of the transaction(s), my card was:

In my possession

Never Received

If stolen, was a police report filed? Y N

Lost

Stolen

Report number: _____

Visa requires that you first attempt to resolve the dispute directly with the merchant BEFORE submitting the dispute. The attempt to resolve must be after the charge has posted

Transaction Date (s)	Merchant Name (s)	Transaction Amount (s)

Please check one appropriate box that most closely matches your dispute type, provide as much detail as possible, and attach with any supporting documents including any correspondence.

I did not have knowledge of the above transaction (s) nor did I allow anyone to use my debit card.

(Contact merchant directly for reimbursement prior to disputing charges)

Date merchant contacted _____

Merchant's response (attach correspondence): _____

I authorized the merchant to bill my account on a reoccurring basis; however, I canceled or revoked that authorization.

Cancellation date: _____ Cancellation Confirmation Number: _____

Duplicate posting. The original transaction posted to the account for \$ _____ on _____
Duplicate transaction posted to account for \$ _____ on _____

Merchandise not received. Expected delivery date: _____ Date merchant contacted _____

Merchant response (attach correspondence): _____

Merchandise returned, credit not received.

Date returned: _____ Date merchant contacted: _____

(Provide signed proof of return or postal receipt)

Merchant response (attach correspondence): _____

Incorrect amount. The amount on receipt is \$ _____; however, \$ _____ posted to account.
(Must provide copy of receipt)

Other type of dispute **(situation must be described in detail)**:

ATM DISPUTE

Date of ATM Error: _____ Amount of Error: _____

Time of Transaction: _____ ATM Location: _____

Incorrect amount or cash not dispensed. The amount on receipt is \$ _____; however, \$ _____ was dispensed from the ATM. **(Please provide copy of receipt or location of ATM and time the withdrawal took place.)**

I did not authorize an ATM withdrawal for \$ _____ that posted to my account on _____.

- *This form must be received by the Credit Union within sixty (60) days of the transaction date as printed on your statement.*
- *Debit card disputes fall under Federal Regulation E, which states that the Credit Union is allowed up to 10 business days to investigate a dispute claim to determine if provisional credit is warranted. If it is determined there is recourse through Visa, you will receive provisional credit within 10 business days. If a provisional credit is not warranted or if not all required information has been provided, we will contact you within 10 business days.*
- *If no error is found and I have received a replacement card, I agree to pay the replacement card fee.*

I UNDERSTAND I MAY BE CHARGED A \$15 CARD REPLACEMENT FEE FOR A DISPUTE CONSIDERED NON-FRAUD.

I DECLARE THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT

Cardholder signature

Date