



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):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### 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 \_\_\_\_\_.

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

\_\_\_\_\_  
*Cardholder signature*

\_\_\_\_\_  
*Date*