

The Friendly place to bank.

ATM/DEBIT CARD DISPUTE FORM

Please sign and complete all fields of this dispute form within **10 business days**

Name: _____ Employee Initials: _____

Member Number: _____ Card Number: _____

Date: _____ Member in Possession of Card? Yes No

REASON FOR DISPUTE: (check one)

- TRANSACTION NOT AUTHORIZED:
- FRAUDULENT TRANSACTION(S):
- DID NOT RECEIVE MERCHANDISE/SERVICE:
- DUPLICATE TRANSACTION:
- ATM ERROR:

TRANSACTION INFORMATION:

MERCHANT: _____	AMOUNT: _____	DATE: _____
MERCHANT: _____	AMOUNT: _____	DATE: _____
MERCHANT: _____	AMOUNT: _____	DATE: _____
MERCHANT: _____	AMOUNT: _____	DATE: _____
MERCHANT: _____	AMOUNT: _____	DATE: _____

ATTEMPTS MADE BY MEMBER TO RESOLVE DISPUTE: Please note any phone conversations/email exchanges

I, the cardholder, would like to receive follow up information pertaining to this dispute via

- Emails sent to _____
- Letters sent to my address on file with the Credit Union

I, the card holder, shall provide all information pertaining to this dispute should they be requested by CRFCU during the open investigation process.

I hereby certify by signing below that the above information is true and correct to the best of my knowledge.

Cardholder Signature

Date

