

## ATM and Debit VISA Dispute Form

**Name:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Card Number (16 digits):** \_\_\_\_\_

**Address:** \_\_\_\_\_  

Street
City
State
Zip

**Home Phone:** \_\_\_\_\_ **Work/Mobile Phone:** \_\_\_\_\_

<b>Date Cardholder Discovered Loss:</b> _____	<b>Date Cardholder Reported Loss to Credit Union:</b> _____	<b>Date of First Fraudulent Transaction:</b> _____
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### Select Type of Dispute (Check ONLY one)

**I did not authorize this charge** – I certify that I did not authorize or participate in this transaction with the abovementioned merchant/ATM, nor did I authorize anyone else to use my card.

Card in possession

Card not in possession      Date card missing: \_\_\_\_\_

Lost

Stolen

**I was billed twice by the same merchant** - Cardholder certifies one transaction is valid, but posted more than once. All cards issued to me are in my possession.

Valid Transaction:      \$ \_\_\_\_\_ Post Date: \_\_\_\_\_

Invalid Transaction:      \$ \_\_\_\_\_ Post Date: \_\_\_\_\_

**I returned the merchandise but no credit was given** – You **must** attempt to return the merchandise prior to exercising this right.

Date merchandise returned: \_\_\_\_\_

**I did not receive the merchandise** – Please contact the merchant and notify us of the outcome.

**Service Dispute (goods and services not received as requested)** – Please describe the nature of your dispute and your attempts at resolution in the **ADDITIONAL COMMENTS** box on page 2.

**ATM – No cash** – Cash was not dispensed from the ATM machine.

**ATM – Partial cash not received** – Cash was dispensed from ATM machine but not in the full amount requested.

Amount requested: \_\_\_\_\_      Amount received: \_\_\_\_\_

**Other** – Please enclose a **DETAILED** description in the **ADDITIONAL COMMENTS** box on page 2.

**\* Please list each transaction on page 2.**

<u>Date</u>	<u>Merchant Name</u>	<u>Dollar Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Additional comments:**

*I certify that the charge above was not made by me or by a person authorized by me to use my card, nor were the goods or services represented by the above transaction received by myself or by a person authorized by me. I certify under penalty of perjury that the foregoing is true and correct.*

**CARDHOLDER SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_**

**\*Additional documentation may be required after review of your claim.**

Please submit both pages of this dispute form by one of following:

**Mail:**  
 Local 804 Federal Credit Union  
 44 South Bayles Avenue, Suite 204  
 Port Washington, NY 10050  
 Phone: 718-878-4624

**Fax:**  
 FAX # 718-878-4623

**Email:**  
 info@cu804.org