



Debit Card Dispute Form

Name: _____ Debit Card No: _____

Home Phone: _____ Cell Phone: _____

If a transaction appears on your statement that you believe is an error and you have been unable to resolve the situation with the merchant, please complete and sign a copy of this form and return to the credit union within 60 days of the transaction.

<u>Merchant(s)</u>	<u>Transaction Amount</u>	<u>Transaction Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Briefly describe the unauthorized transaction (s) and the merchant's response:

- I certify that the charge listed above was not made or authorized by me or a person authorized by me to use my card. In addition, neither I, nor anyone authorized by me received the goods or services represented by this charge.

- Although I did participate in a transaction with _____, I was billed for _____, transaction(s) totaling \$_____ that I did not participate in, nor did I authorize anyone to use my card. I do have all my cards in my possession. Enclosed is a copy of my receipt for the valid charge.
- I have not received the merchandise that was to have been shipped to me. Expected date of delivery was _____. I contacted the merchant on _____ and the merchant's response was _____. I have waited the required 14 days to receive the product.
- I understand that if the transaction(s) is under \$20, my dispute will be directly handled by UFirst Federal Credit Union.
- I have been billed an incorrect amount. My receipt shows \$_____. However, I was billed \$_____.
- I have been charged more than once for the same transaction. I authorized only one charge with the merchant for \$_____.
- I notified the merchant on _____ to cancel the preauthorized order(reservation). My cancellation number is _____. I was/was not informed of the cancellation policy when I made the reservation. The reason I cancelled was _____.
- I cancelled the subscription/membership/policy, which was charged to my account by the above referenced merchant on _____. I cancelled the charge prior to the transaction date.
- Other – describe below

I, _____ understand that I will receive provisional credit for the above referenced amount(s) within 5 business days. In the event the merchant is able to provide documentation that the transaction was authorized by me or I did not follow the terms and conditions of the merchant agreement, UFirst Federal Credit Union will debit my account for the amount of the provisional credit.

Member Signature: _____

Date: _____