



Debit/ATM Card Disputed Transaction Form

MasterCard rules require the cardholder to attempt to resolve any issues directly with the merchant for all types of disputes excluding ATM withdrawal disputes, prior to disputing the transaction with their financial institution. Prior to completion of this form you must have attempted to contact the merchant directly.

Member Name (please print):	
Member Address:	
Member Phone Number:	
Debit/ATM Card Number:	
Member Account Number:	

I have examined my account and I am disputing the following Debit/ATM card transaction(s). Attach additional sheets, if necessary, to list all disputed transactions:

Merchant Name	Transaction Amount	Transaction Date
	\$	
	\$	

Total Amount of Disputed Transactions	\$
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Merchant contact information below is required for all disputes except ATM transactions.

Date Merchant Contacted	
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Contact Method: Telephone Email In-Person Other (describe) _____

Merchant's Response:

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Please check the appropriate box below that most accurately describes your dispute (Only one dispute type may be selected). Any documents requested for the dispute type selected must be provided to the credit union prior to the processing of you dispute. All questions following the dispute type must be answered to avoid delays in the processing of your dispute.

Charged Two or More Times for the Same Transaction

Date of Correct Transaction		Date of First Duplicate Transaction	
Date of Second Duplicate Transaction		Date of Third Duplicate Transaction	

Incorrect Transaction Amount – A copy of the receipt showing the correct amount must be provided

Incorrect Amount that posted to Account	\$	Correct Transaction Amount	\$
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ATM Transaction

Transaction Date		Transaction Time	
Amount of Attempted Withdrawal	\$	Amount of Cash Received	\$
Disputed Amount	\$	Sequence # (Credit Union Use Only)	
ATM Location			
Describe the Problem encountered at ATM			

Goods or Services were paid for by other means – A copy of the receipt showing the purchase and method of payment must be provided

Returned merchandise to merchant and credit has not been provided – A copy of the shipping company’s receipt must be provided

Date Merchandise Returned		Date Merchandise Received by Merchant	
Method of Return (ex.Store,USPS,UPS)		Shipping Tracking Number	
Reason for Returning Merchandise			

Request for a Copy of the Sales Draft – Please prove the reason for this request below

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Non-Receipt of goods or services

Merchandise/Services were not received. Delivery/Services was expected on date _____

What Merchandise was ordered or what service was to be provided?

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What address was the merchandise to be delivered to or address where the service was to be provided?

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Quality of goods or services

Describe the difference between what was received and what was expected.

Date Merchandise Returned		Date Received by Merchant	
Method of Return (ex.Store,USPS,UPS)		Shipping Tracking Number	

Cancellation

Were you advised of the cancellation policy? Yes, explain below No

Date of Cancellation		Name of Contact at Merchant	
Cancellation Number			
Reason for Cancellation			

Is the disputed a recurring transaction: Yes No

Credit not received from merchant – please submit a copy of the credit slip with this form.

I received a credit from the merchant and it has not appeared in my account.

Credit Amount	\$	Date Merchant Provided Credit	
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Member Signature:		Date:	
Employee Signature:		Date:	