

DEBIT/ATM DISPUTE FORM

Name: _____

Phone No.: (H) _____

Address: _____

(W) _____

Account No.: _____

Transaction Information

Date of Transaction	Amount	Merchant Name	Posting/Pending Date

Member Statement

Reason for Dispute:

ATM/Debit Card No.: _____

Declaration of Unauthorized Use (Indicate Y-Yes or N-No in the boxes below)

- () I had possession of my ATM/Debit Card indicated above at the time the described transaction occurred.
- () I had possession of my PIN number at the time the described transaction took place.
- () My PIN was accessible to an unauthorized user.
- () My PIN was written on the card.

I suspect the above transaction(s) described is an error for the reasons indicated above. I have received an Error Resolution Notice and understand my rights and liabilities. By signing below, I agree to accept the results of this investigation and the accountability for the full amount disputed if no error is found. I understand I may request the documentation used in the Credit Union's investigation.

If no error is found and I have received a replacement card, I agree to pay the replacement card fee. _____(Initials)

Members Signature

Date