

## 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