



ATM/Debit Card Non-Fraud Dispute Form

For Non-Fraud Transactions Only

Please complete this dispute form regarding your inquiry on your debit card. You must complete all areas marked as required (*), and include all supporting documentation. All disputes must be received within 60 days after we sent the first statement on which the charges appear. Upon receipt of this completed form, we will take the necessary action to resolve this dispute and will correspond with you in writing. Please complete and sign this form using blue or black ink only.

(Please Print Clearly)

Cardholder Information*

Debit Card Number: _____

Cardholder Name: _____

Cardholder Address: _____

Cardholder Telephone Number: _____

Transaction Information*

Merchant Name: _____

Merchant Location: _____

Transaction Amount: _____ Transaction Date: _____

Amount of Dispute: _____

The cardholder is required to make a good faith attempt to resolve the issue directly with the merchant.

*Did you attempt to resolve the dispute with the merchant? If the amount in dispute is different from the transaction amount, please explain.

____ Yes, Spoke with: _____ on (date): _____

Merchant's Response: _____

____ No, Reason merchant was not contacted: _____

Reason for Dispute*

____ The same transaction was posted twice to my account.

ATM Transactions: (receipts must be attached)

____ I acknowledge participation in the ATM transaction, but I didn't receive **any** funds.

_____ I acknowledge participation in the ATM transaction, but I only received a **portion** of the funds.
I requested \$ _____, but I only received \$ _____.

_____ I acknowledge participation in the ATM transaction, but it was posted twice to my account.

Services and Merchandise Transactions:

_____ I cancelled () merchandise or () services, but was still billed for the transaction. (Check one)
Date of cancellation*: _____
Reason for cancellation: _____
Spoke with: _____
Cancellation Number (required for hotels and car rentals): _____

_____ I returned merchandise, and have not received a credit. Attach credit or return receipt.
Date returned: _____
Date received by merchant: _____
Shipping company name: _____
Shipping/tracking #: _____
Address shipped to: _____
Who signed for the package? _____

_____ I have a credit voucher, letter of intent to credit, or a refund acknowledgement that has not posted.
Please attach a copy.
Date of credit: _____
Any invoice/receipt number of the credit: _____

_____ I did not receive () merchandise or () services that I ordered. (Check one)
What was the expected date of receipt of merchandise or services? _____

_____ I paid for the purchase using another method. *You are required to attach proof, i.e. a front and back copy of a cancelled check or a copy of a statement if another card was used.*

_____ My dispute is about the quality of the () services or () merchandise that I received. (Check one)
Use the space below to describe one or more of the following (required):
Has the merchandise been returned? () Yes () No *(If yes, also complete the return merchandise section of this form. If no, explain why on the lines provided below.)*

If your dispute is about the differences between what was ordered and what was received, please provide a detailed explanation. Was the product defective? Why was item unsuitable for your needs? *Please attach any type of agreement or contract that you may have with this merchant. If you have any other documents that may be pertinent to your dispute, please send a copy.*

Member Signature: _____ Date: _____

Credit Union Use Only

Received by: _____ Date: _____

Branch: _____ Processing Manager: _____

Valid photo ID scanned into NS