

VISA Debit/ATM Cardholder Dispute Form

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Complete this form if you are disputing a VISA Debit Card or an ATM transaction appearing on your statement, including transactions that are a result of fraud. **If the card was used in a fraudulent manner, the card will be immediately deactivated and a new card will be ordered.** You must submit this form to us within 60 days of when the transaction(s) first appeared on your statement. Select the appropriate type of dispute from the listing on the following page.

THIS FORM MUST BE COM	PLETED IN ITS ENTIRETY			
Contact Information:				
Name:				
Account Number:				
Phone Number:	(H)	(C)	(W)	
Card Number (16 digits):				
Status of VISA Debit/ATM My Card is/was: In my possession Lost Never Received Stolen	Card:			
Disputed Transactions:				
Disputed Transactions: <u>Transaction Date</u>	Transaction Amount	Amount Disputed	<u>Merchant Name</u>	
	Transaction Amount	Amount Disputed	<u>Merchant Name</u>	
	<u>Transaction Amount</u>	Amount Disputed	<u>Merchant Name</u>	
	Transaction Amount	Amount Disputed	<u>Merchant Name</u>	
	Transaction Amount	Amount Disputed	Merchant Name	
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	Transaction Amount	Amount Disputed ———————————————————————————————————	Merchant Name	
	Transaction Amount	Amount Disputed	Merchant Name	
	<u>Transaction Amount</u>	<u>Amount Disputed</u>	Merchant Name	
	<u>Transaction Amount</u>	<u>Amount Disputed</u>	Merchant Name	
	Transaction Amount	Amount Disputed	Merchant Name	
	<u>Transaction Amount</u>	Amount Disputed	Merchant Name	

VISA DEBIT/ATM CARDHOLDER DISPUTE FORM (Page 2)

Type of Dispute:

Unauthorized ATM withdrawal. The ATM withdrawal listed was not made by me or a person authorized by me to use my card. Unauthorized debit transaction. The charge listed was not made 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. Duplicate transaction. The transaction was posted two or more times to the account. Only one charge was authorized. I contacted the merchant on ______and the merchant's response was ___ I was overcharged for the purchase. Please attach a copy of the original transaction receipt and any credit transaction receipt. Cancellation. I cancelled the subscription/membership/policy/reservation (circle one) which was charged to my account by the above referenced merchant on______. I ____was ___ was not (check one) informed of the cancellation policy when I authorized the charge. The reason I cancelled was:___ cancellation number is ______. (If you do not have a cancellation number, please provide a copy of the letter, email, fax requesting cancellation or a copy of your phone bill showing the date and time of the cancellation call.) I did not receive the merchandise. I have not received the merchandise that was expected to be delivered or picked up on I contacted the merchant on and the merchant's response was Merchandise was returned. I returned the merchandise on _______because ______ I contacted the merchant on _____ and the merchant's response was _____ Please attach proof of return or credit slip. Credit did not post to my account. I was issued a credit for ______ on _____ which did not appear on my statement. Please attach a copy of the original transaction as well as the credit receipt. Paid by other means. Please provide a copy of the cash receipt, or the front and back of your cancelled check, or copy of your statement if another credit card was used. Credit posted as a sale. Please attach a copy of the original transaction receipt and any credit transaction receipt. **Other.** Please describe the reason for the dispute and include what attempts have been made to contact the merchant and resolve the dispute_ I/we understand that InFirst Federal Credit Union investigates alleged fraudulent or unauthorized ATM/Debit Card usage and may refer the same to the appropriate law enforcement agency. I/we give consent to the credit union to release any information regarding my card and/or card account to any local, state and/or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my card account. I swear this affidavit is true and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

Cardholder Signature

Date