



## VISA Debit Card Transaction Dispute Form

Name \_\_\_\_\_ Account# \_\_\_\_\_ Card# \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

I have attempted in good faith to resolve the dispute with merchant. Yes\_\_ or No\_\_ (If yes, include details below)

**At the time of the transaction(s), the card was: Please mark only one appropriate selection**

\_\_\_ Lost \_\_\_ Stolen \_\_\_ in my Possession \_\_\_ Card not received in mail

**Category:**

\_\_\_ **Unauthorized/ Card Number Transaction**  
I did not authorize or engage in the transaction.

\_\_\_ **Credit Slip Issued and Not Processed**  
I was issued a credit receipt that did not post.

\_\_\_ **Returned Merchandise**  
I returned merchandise to the merchant on \_\_\_\_\_ (date).

\_\_\_ **Canceled Service/Reservation/Order**  
I canceled the service on \_\_\_\_\_ (date). However, the merchant continues to bill me.

\_\_\_ **Duplicate Transaction**  
I was charged on \_\_\_\_\_ (date) and again on \_\_\_\_\_ (date).

\_\_\_ **Paid by other Means**  
I paid for this transaction using cash, check, or etc.

\_\_\_ **Defective Merchandise/Not as Described**  
The merchandise arrived broken, defective or otherwise Unsuitable or the product or service was not as described By merchant.

\_\_\_ **Incorrect Amount**  
I was billed \$\_\_\_\_\_, but the correct amount is \$\_\_\_\_\_.

\_\_\_ **Merchandise or Service Not Received**  
I did not receive the merchandise or services.

\_\_\_ **ATM Error**  
ATM did not dispense cash or deposit correct amount.

I have not used this Visa Check/ATM Card number for any of the transactions that I have listed on this form. I have not authorized anyone else, orally or in writing, nor have I given consent nor do I have knowledge of implied consent, to use or have possession of said Visa Check/ATM Card number. I have not received, and will not receive goods, services, or otherwise benefit, directly or indirectly, from transactions made after the date shown above.

I believe that sales drafts, ATM transactions, telephone/mail orders, or applications bearing my purported signature, or the purported signature of person(s) authorized to use my Visa Check/ATM Card number following the date reported above, are and will be forgeries.

By signing below I certify to the best of my knowledge and belief, that all of the information on this form is true, correct, complete, and made in good faith. I also understand that this form may be provided to federal, state, and local law enforcement agencies for such action with their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statement or representation on or with this form may constitute an imposition of a fine, imprisonment or both.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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The following transactions were not made by me or anyone authorized to use my Visa Debit Card.

	Transaction Date	Amount	Merchant Name
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

If you are disputing an ATM Error please fill out the information below:

ATM Transaction Date: _____	
Cash Amount: _____	___ FRB FCU ATM or ___ Non-FRB FCU ATM
___ Withdraw (or) ___ Deposit	(Please select location of FRB FCU ATM) ___ Eccles ___ N.Y. Ave. ___ 1801 K St. ___ I Square

In the event additional charges are identified subsequent to the completion of this affirmation, I authorize FRB Federal Credit Union to add those subsequent transactions to this affirmation

**Cardholder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Important Things to Know:

In order to prevent further unauthorized transactions, your FRB Federal Credit Union VISA Debit Card or ATM Card MUST be closed. To have your card closed call (202) 452-3871 during normal business hours. After hours, call 1-(800) 554-8969.

A new Card and Pin can be ordered and mailed to the address on file. Cards and Pins mailed to the address on file may take up to 10 business days to receive. We will re-credit your account promptly upon receipt of the completed required form. Return the completed VISA Debit Card Dispute form in person at any branch, by fax (202)-833-2142 or by mail to: FRB Federal Credit Union, PO Box 9867, Washington, DC 20016. If you need help with this form please contact us at (202) 452-3871



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**For Credit Union Use only:**

Action Taken:

I certify the card listed below is closed.

Card# \_\_\_\_\_ closed on date: \_\_\_\_\_.

Closed Reason: Lost/Stolen \_\_\_\_\_ Date Reported \_\_\_\_\_.

Staff Person Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Please check when completed:

\_\_\_\_\_ Network Detail Sheet Printed for each transaction listed and attached.

\_\_\_\_\_ Member account detail showing transactions listed and attached.

\_\_\_\_\_ Provisional Credit applied to member account against appropriate GL for all transactions listed and attached.

Please specify which GL was used.

\_\_\_\_\_ **GL# 72920** Fraudulent Disputes

\_\_\_\_\_ **GL#72919** Non- Fraudulent (**ATM ERROR**) Disputes

(ATM error is used if member made transaction, but ATM malfunctioned).