

Teller #: _____ Initial _____

Date: _____



ATM/ Debit Card Dispute Form

This form has been provided for your convenience. If you believe that a transaction on your statement is in error you can use this form to contact us. Regulations require that you notify us in writing within 60 days from the statement billing date of the disputed charge. Any response received after this time frame may result in our inability to assist you with your dispute.

Please be advised that Visa requires that attempts be made to resolve your dispute with the merchant before notifying us.

Please fill out this form, attach all supporting documentation and either mail or fax all information to the address or fax number below. Please make sure to sign and date on the second page. **Only one dispute per form please.**

Capital Educators Federal Credit Union Contact Information

By Mail: Capital Educators Federal Credit Union **By Fax:** (208)855-4727 **Questions?** (208) 884-0150
Card Coordinator/Member Services Toll Free: (800) 223-7283
P.O. Box 570
Meridian, Id 83680

Cardholder Information- Provide card information associated with your dispute

Main Member Name: _____

Joint Member Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Work Phone: _____ Cell: _____

Member Number: _____ Card Number: _____

Transaction Date: _____ Merchant Name: _____

Transaction Amount: _____ Dispute Amount: _____

Description of Dispute- Required

Please carefully read each of the following descriptions and initial the most appropriate situation that fits your particular dispute. Your dispute must be filled out completely and mailed or faxed to Capital Educators Federal Credit Union.

1. At the time of dispute/fraudulent transaction, my card was: () Lost () Stolen () In my possession

2. Explain the circumstances surrounding the lost or stolen card (use back of the page for additional space):

3. Explain how you became aware of the unauthorized activity:

5. Date loss was discovered: _____.

6. Was Law Enforcement Notified? () Yes () No If yes, Agency _____

Officer Name: _____ Case No. _____ Date: _____

Required Please initial ONE of the following choices applicable to your dispute.

Not Authorized Transaction Dispute

I did not authorize the transaction or authorize any other person to use my card.

Cancellation of Service/Purchase Dispute

Were you advised of any cancellation policy? Yes No If yes, explain below:

Date of Cancellation: _____ Spoke with: _____

Cancellation Number: _____ Reason: _____

I cancelled this recurring transaction with the merchant on (date): _____ How: _____

Returned Merchandise Dispute

Date Received by Merchant: _____ Date Returned: _____

Shipping Company: _____ Tracking Number: _____

(Please provide a copy of the postal receipt)

Describe your attempt to resolve with the merchant: _____

Non-receipt of Goods or Services Dispute

Tickets/Merchandise not received. I expected delivery/services on (Date): _____

Merchant unwilling or unable to provide service.

Have you attempted to resolve the issue with the merchant?

Yes, Spoke with: _____ Date: _____

Merchant Response: _____

Incorrect Transaction Amount Dispute

The amount of this transaction posted for \$ _____ but should have posted for \$ _____

* Must show a copy of the receipt showing the correct amount.

I was billed twice for the same transaction

Authorized charge post date: _____ Amount (\$): _____ Reference #: _____

Unauthorized charge post date: _____ Amount (\$): _____ Reference #: _____

I did not receive cash from an ATM withdrawal attempt

I made a single attempt and did not receive cash.

I made multiple attempts and only received cash on one of those attempts.

Other: _____

Paid by other means Dispute

Check #: _____ Cash Credit Card Other: _____

* If selecting this dispute reason, you must supply a copy of proof of payment. Proof can include another Bank Card statement, copy of the front and back of a canceled check or a cash receipt.

Received a Credit Voucher Dispute

I have received a credit voucher for the listed charge, but it has not yet appeared on my account. A copy of the credit voucher is enclosed. If spoke with the merchant over the phone. Who did you speak with?: _____

Details of the conversation: _____

Quality of Service or Goods Dispute

Describe the difference between what was ordered and what was received: _____

Date Received by Merchant: _____ Date Returned: _____

Shipping Company: _____ Tracking Number: _____

(Please provide a copy of the postal receipt)

Other type of dispute: _____

Cardholder Signature: _____ **Date:** _____

