

ATM/Debit MasterCard® Dispute Form

Claim Number:

Account Information				
Name	Card Number (16 Digits)	Type of Card <input type="checkbox"/> Debit <input type="checkbox"/> ATM	I requested the card <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip
Daytime Phone Number	Evening Phone Number	Date Cardholder Discovered Loss	Date Reported Loss to Credit Union	Date of First Fraudulent Transaction

Dispute Information
<p>Please select one item that best describes the details of your dispute: For items 1 to 7, please include a detailed letter explaining that an attempt was made to contact the merchant and if applicable a copy of sales receipt.</p>
<p>1. <input type="checkbox"/> The charge(s) was paid by another means. Enclosed is a copy of the cancelled check, cash/credit receipt, or credit card statement. <input type="checkbox"/> I've contacted the merchant directly to request a credit. <input type="checkbox"/> If the merchant could not be reached, please indicate the method(s) to contact the merchant for resolution. <input type="checkbox"/> e-Mail <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Other:</p>
<p>2. <input type="checkbox"/> The amount signed for on the sales draft differs from the amount billed on my monthly statement.</p>
<p>3. <input type="checkbox"/> The transaction was authorized and then cancelled. The merchant stated that credit would be issued by _____, but the credit has not posted to my account.</p>
<p>4. <input type="checkbox"/> I placed an order with the merchant. I've not received the merchandise for which I expected by _____. I contacted the merchant for credit on _____, but the credit has not posted to my account.</p>
<p>5. <input type="checkbox"/> I cancelled this reservation on _____. Please select one: <input type="checkbox"/> The cancellation number provided to me is _____ or <input type="checkbox"/> No cancellation number was provided.</p>
<p>6. <input type="checkbox"/> I cancelled this recurring charge with the merchant on _____. No charges after this date are authorized from this merchant.</p>
<p>7. <input type="checkbox"/> I received merchandise/services different from what I requested/authorized. An attempt to contact the merchant was made on _____.</p>
<p>8. <input type="checkbox"/> The transaction was unauthorized.* No one authorized to use this account signed for or participated in the transaction. *At the time of the transaction, please indicate the status of the card (select one): <input type="checkbox"/> Card lost on _____ <input type="checkbox"/> Card stolen on _____ <input type="checkbox"/> Card still in cardholder's possession.</p>
<p>9. <input type="checkbox"/> I've been billed multiple times (2 or more) for the same purchase on the same day.</p>
<p>10. <input type="checkbox"/> I authorized one (1) purchase with the merchant on _____ and am still in possession of my card. However, the charge of _____ at this merchant was not authorized by me and is fraudulent.</p>
<p>11. <input type="checkbox"/> I withdrew cash at an ATM, but the dispensed amount was incorrect.</p>
<p>12. <input type="checkbox"/> I withdrew cash at an ATM, but no cash was dispensed.</p>
<p>13. <input type="checkbox"/> I did not perform the deposit transaction.</p>
<p>14. <input type="checkbox"/> I deposited money at an Orange County's Credit Union ATM, but the money did not post. (Please attach copy of available receipt.)</p>
<p>15. <input type="checkbox"/> I'd like a copy of the sales draft. (Please describe the transaction and the reason for the request.)</p>
<p>16. <input type="checkbox"/> If other, please attach a typed or clearly written description of transactions.</p>

Please complete the affidavit, Fraudulent Use of a Credit or Debit Card, if reporting fraudulent signature-based activity.

Authorization Date	Settle Date	Merchant Name	Dollar Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Comments

I certify that the charge above was not made by me or by a person authorized by me to use my card, nor were the goods or services represented by the above transaction received by myself or by a person authorized by me. I certify under penalty of perjury that the foregoing is true and correct.

Cardholder Signature

Date

FOR CREDIT UNION USE ONLY

Associate Name	Teller Number	Date	Card Blocked? <input type="checkbox"/> Yes <input type="checkbox"/> No
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