

Case Number (CU use only)

Debit/ATM Card Transaction Dispute Form

Name	Card Number	Account Number		
Phone Number	Police Report Number (if applicable)	Date Cardholder Discovered Loss		
At the time of the fraudulent transaction, my card was: <input type="checkbox"/> In my possession <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Never received Date ____/____/____ Date ____/____/____				
Was the pin number written on the card or kept in the same location as the card? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Did you authorize anyone to use your card? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to whom and when?				
If multiple reasons for the dispute, please list the letter of the reason code next to each transaction below:				
Date of Transaction	Merchant Name	Amount	Reason Code*	Pin or Signature (to be completed by PCU emp)
				Pin <input type="checkbox"/> Sig <input type="checkbox"/>
				Pin <input type="checkbox"/> Sig <input type="checkbox"/>
				Pin <input type="checkbox"/> Sig <input type="checkbox"/>
				Pin <input type="checkbox"/> Sig <input type="checkbox"/>
				Pin <input type="checkbox"/> Sig <input type="checkbox"/>
				Pin <input type="checkbox"/> Sig <input type="checkbox"/>

If more space is needed, attach a separate sheet of paper

Important: Before disputing a charge, you must make every effort to resolve the dispute with the merchant.

*Reason codes listed below:

- A. Unauthorized ATM withdrawal or point of sale transaction - Neither I nor any person authorized by me to use my card entered into the transaction (s) listed above. In addition, neither I nor anyone authorized by me to use my card received any goods or services represented by this transaction. (Police report and handwritten statement may also be requested)
- B. Unauthorized Signature transaction - Neither I nor any person authorized by me to use my card entered into the transaction (s) listed above. In addition, neither I nor anyone authorized by me to use my card received any goods or services represented by this transaction.
- C. Unrecognized - Neither I nor any person authorized by me to use my card recognizes the transaction(s). I need additional information to determine if the transaction is or the transactions are valid.
- D. Cancel Recurring Charge - I originally cancelled with this merchant on ____/____/____. The merchant billed my account after the cancellation date; therefore, I requested credit from the merchant on ____/____/____.
- E. Merchandise Returned or Canceled - I have (select one) returned the merchandise cancelled the merchandise on ____/____/____ because: _____ (Please provide a copy of the return receipt, postal receipt or proof of the credit the merchant intended to refund to your account)
- F. Merchandise not received - I have not received the merchandise the merchant should have shipped to me. Expected date of delivery was ____/____/____. I contacted the merchant on ____/____/____.
- G. Incorrect amount - My account was debited in the amount of \$ _____; however, the transaction amount was \$ _____. Enclosed is a copy of the sales receipt and/or other documents which indicate the correct amount that should have been posted to my account.
- H. Billed twice for a single transaction - Cardholder certifies one transaction is valid, but posted more than once. All cards issued to me are in my possession.
Valid Transaction \$_____ Post Date ____/____/____ Invalid Transaction \$_____ Post Date ____/____/____
- I. Charged for a hotel room which I cancelled – Cancellation number (required) _____ Cancel Date ____/____/____
- J. Other - Attach a letter describing the dispute.

Signature _____ Date _____

To return this form by fax, please use: (650) 508-7205 or (650)508-7275