

## ATM/DEBIT Card Transaction Dispute Request

Please fax to 202-673-3508 or email to [info@dccreditunion.coop](mailto:info@dccreditunion.coop)

Use this form to dispute transactions posted via your ATM or Debit Card. This form also serves as request that we investigate the validity of the transaction and provide an account adjustment when applicable. Please note this process may take up to 10 business days.

Today's Date: \_\_\_\_\_

Member's Name: \_\_\_\_\_

ATM/DEBIT Card Number: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Tell us about the transaction:

Date of Transaction: \_\_\_\_\_

Account Number Affected (note if Savings or Checking): \_\_\_\_\_

Merchant or ATM location: \_\_\_\_\_

Was the transaction for the Wrong Amount? (Yes / No) \_\_\_\_\_

Was the transaction Unauthorized? (Yes/No) \_\_\_\_\_

Please use this space to describe any additional information regarding your claim, including any other dispute resolution actions you may have taken directly with the vendor initiating the transaction.

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If the transaction was unauthorized, please report to the Police immediately and supply us with a copy of the report – or report number, date and location where filed. If your card was lost / stolen you will also be required to complete a notarized affidavit supporting the claim. If you have given or lent your card to another individual, then any transactions made on your account by that individual may be considered 'authorized' and not subject to further claim involving the credit union.

Member's Signature: \_\_\_\_\_

\*\*\* For Debit Card Transactions Only

Notification of Fraudulent Transactions

Member Name: \_\_\_\_\_ Debit Card Number: \_\_\_\_\_

The transaction(s) listed below are unauthorized.\* No one authorized to used this account signed for or participated in the transaction(s).

**\*At the time of the transaction(s), please indicate status of card (check one):**

( ) Card Lost ( ) Card Stolen      DATE card was lost or stolen \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MMDDYY)

( ) Card still in Accountholder's possession ( ) New or Reissued Card Never Received

If cardholder still in possession of card is counterfeit card use suspected? ( ) YES ( ) NO

Transaction Information:

Authorization Date	Settle Date	Merchant Name	Dollar Amount
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____
6) _____	_____	_____	_____
7) _____	_____	_____	_____
8) _____	_____	_____	_____
9) _____	_____	_____	_____
10) _____	_____	_____	_____

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\*\*\*\*This form MUST be signed by the cardholder\*\*\*\*