



(213) 821-7100
www.usccreditunion.org

ATM/Debit/Credit Card Dispute Form

Name: _____ Account Number: _____

Card Number (16 digits): _____

Date Cardholder Discovered Loss: _____	Date Cardholder Reported Loss to Credit Union: _____	Date of First Fraudulent Transaction: _____
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Select Type of Dispute (Check ONLY one)

I did not authorize this charge – I certify that I did not authorize or participate in this transaction with the abovementioned merchant/ATM, nor did I authorize anyone else to use my card.

Card in possession

Card not in possession Date card missing: _____

Lost

Stolen

I was billed twice by the same merchant - 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 returned the merchandise but no credit was given – You **must** attempt to return the merchandise prior to exercising this right.

Date merchandise returned: _____

I did not receive the merchandise – Please contact the merchant and notify us of the outcome.

Service Dispute (goods and services not received as requested) – Please describe the nature of your dispute and your attempts at resolution in the **ADDITIONAL COMMENTS** box on page 2.

ATM – No cash – Cash was not dispensed from the ATM machine.

ATM – Partial cash not received – Cash was dispensed from ATM machine but not in the full amount requested.

Amount requested: _____ Amount received: _____

ATM – Cash Deposit - Cash inserted to ATM machine but did not receive credit for amount inserted

Amount inserted: _____ Amount credited: _____

ATM – Check Deposit - Check inserted to ATM machine but did not receive credit for amount inserted

Check Amount: _____ Payee: _____ Originating Bank: _____

Other – Please enclose a **DETAILED** description in the **ADDITIONAL COMMENTS** box on page 2.

* Please list each transaction on page 2.

