

ATM/DEBIT INVESTIGATION FORM

DATE ___/___/___ MEMBER'S NAME _____

HOME PHONE _____ WORK PHONE _____

ADDRESS _____

ACCT# _____ CARD# _____

TRANS DATE ___/___/___ TIME _____ AMOUNT _____

ATM LOCATION _____ MERCHANT NAME _____

DATE I DISCOVERED CARD MISSING ___/___/___ DATE REPORTED TO CREDIT UNION ___/___/___

Check all that apply. (Details regarding the processing error or unauthorized transaction.) Member **MUST** attempt to resolve merchant disputes with the merchant first. The Credit Union cannot resolve disputes involving defective merchandise, returns, over-charging, lost merchandise, or similar situations involving customer/merchant patronage.

- I HAVE MY CARD IN MY POSSESSION.
- I RECEIVED LESS CASH THAN WAS REQUESTED AT THE ATM AND THE REQUESTED AMOUNT WAS CHARGED TO MY ACCOUNT.
- DUPLICATE CHARGE: I AUTHORIZED ONE TRANSACTION IN THE AMOUNT OF \$ _____, HOWEVER THIS AMOUNT HAS BEEN DEDUCTED FROM MY ACCOUNT _____ (#) TIMES.
- FRAUD: I DID NOT AUTHORIZE OR PARTICIPATE IN THIS TRANSACTION.
- FRAUD: I DO NOT RECOGNIZE THE TRANSACTION NOR DID I RECEIVE ANY BENEFIT FROM IT.
- I REPORTED MY CARD STOLEN TO THE POLICE ON _____.
- I RECOGNIZE THE TRANSACTION BUT IT DIFFERS FROM THE AMOUNT THAT I AUTHORIZED AT THE MERCHANT OR TERMINAL LOCATION. I AUTHORIZED \$ _____.
- I HAVE ATTEMPTED TO RESOLVE THIS DISPUTE WITH THE MERCHANT BY:
_____ Phone _____ Mail _____ In Person _____ Other

DATE _____ TIME _____ NAME _____ OF CONTACT

MERCHANT RESPONSE _____

DETAILED DESCRIPTION OF DISPUTED TRANSACTION

I understand that my account will be charged a \$15 processing fee if it is determined that this dispute was an authorized transaction. No fee will be charged if our investigation finds that the transaction was not authorized.

CARDHOLDER SIGNATURE _____ EMPLOYEE _____

**** Attach any pertinent documentation ****
**** Police reports are REQUIRED for lost or stolen cards ****