

# **Debit/ATM Card Point of Sale Dispute Form**

#### **Please Read Before Proceeding**

- 1. This form must be completed by the person whose name appears on the debit or ATM card.
- 2. Complete this form if you are *disputing* a transaction previously initiated with the merchant:
  - Mastercard requires that you first attempt to resolve the issue directly with the merchant *before* submitting a dispute. Please include all documentation pertaining to your attempts to resolve.
- 3. We will be unable to process your claim until we have received all the required information and/or documentation. Forms **must** be received by DFCU Financial within sixty (60) days of the transaction date as printed on your statement.

Return the form(s) to DFCU Financial using one of the following methods:

Or

Deliver in person to any DFCU Financial branch location.

Mail to: DFCU Financial Fax to:

Or 313.322.8460

PO Box 6048

Dearborn, MI 48121-9853

**4.** Monitor your mail and respond promptly to requests for additional information. Failure to respond by the provided deadlines could result in error denial and reversal of any provisional credits posted to your account.

#### **REQUIRED INFORMATION**

Member number	nber Member name		ATM or Debit Card Number		
Daytime phone number		Email	Email		
Date You discovered the	error(s)	Date ch	arge(s) reported to DFCU Financial		
Status of card at the time	e of the transaction:	<u> </u>			
Lost Date	Stolen Date	☐ Never received b	by You		
My PIN was stored with	the card or written on the card:				
☐ Yes ☐	No				

#### **Transaction Details:** (Please print additional sheets if necessary.)

Merchant Name/Location	Transaction Posting Date (mm/dd/yy)	Transaction Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

## Debit/ATM Card Point of Sale Dispute Form, continued

# INSTRUCTIONS FOR COMPLETION

1.	Please check <b>ONE</b> statement that most closely matches your reason for dispute.
2.	All fields are required; choosing more than one reason or missing information could delay processing.
3.	All dispute reasons <b>REQUIRED WRITTEN DOCUMENTATION</b> of your attempt(s) to resolve the situation with the
	merchant. In addition to support documentation request, please provide additional details on page 4.
	Cancellation – Recurring OR Hotel Transaction (e.g., subscription, membership, policy, etc.)
	Were you advised of any cancellation policy?
	Date cancelled with merchant:
	Cancelled By: Phone – spoke with: Email – provide copy of email
	Cancellation Number:
	Multiple Charges for the Same Transaction
	Date of <b>First</b> Charge: Date of <b>Third</b> Charge:
	Date of <b>Second</b> Charge: Date of <b>Fourth</b> Charge:
	Dute of Jessie and Ser
	Incorrect Transaction Amount
	You must attach a copy of your receipt showing the correct transaction amount.
	Amount for which the transaction posted: \$
	Amount for which the transaction <b>should have</b> posted: \$
	Non-Receipt of Goods or Services
	Select one of the following:
	Merchandise not received. Expected delivery date:
	Merchant unwilling or unable to provide service.
	Paid for Goods or Services by Other Means  You must supply proof of other means of payment. Proof can include a copy of the front and back of a canceled
	check, a cash receipt or another Bank Card statement.
	Select one of the following:
	Check Cash Other bank card Other:
	Credit Transaction Posted as a Debit Transaction in Error
Ш	You must attach a copy of your receipt showing the correct transaction amount.
	Amount for which the transaction posted: \$
	· · · · · · · · · · · · · · · · · · ·
	Amount for which the transaction <b>should have</b> posted: \$

# Debit/ATM Card Point of Sale Dispute Form, continued

Returned Merchandise or Credit N	ot Received		
Date returned:	Date received by merchant:		
If return was completed by mail:			
Returned Merchandise Authorization	nber (RMA):		
Shipping company:	Tracking number:		
Reason merchandise was returned:			
If merchant has promised a refund or cre You must attach a copy of your credit slip	dit that has not posted:  o, voucher or refund acknowledgment. If unavailable, explain below.		
Date of credit slip:	Invoice/receipt # of credit:		
without your knowledge or permissio closed to prevent additional fraud fron	rized transactions. If someone used your debit card to make transaction, complete the Debit/ATM Card Point of Sale Fraud Form. The card roccurring.	mus	
Do not choose this option for unautho without your knowledge or permissio closed to prevent additional fraud fron	on, complete the <i>Debit/ATM Card Point of Sale Fraud Form</i> . The card roccurring.	mus 	
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## Debit/ATM Card Point of Sale Dispute Form, continued

STATEMENT & AUTHORIZATION  declare that the information provided on this form is true and correct.	***Describe your attempt(s) to resolve the situation with the merchant, including date(s) of contact, and						
STATEMENT & AUTHORIZATION					atement to that		
	effect. Provide as much detail as possible and attach a separate sheet if necessary.						
declare that the information provided on this form is true and correct.	STATEMENT & A	AUTHORIZATION					
	I declare that the infor	mation provided on this f	orm is true and correct.				
Card Holder Signature Date	Card Holder Signature			Date			