

Healthcare Employees Federal Credit Union

Dispute For ATM/ Debit-Fraud

Page ___ of ___

Member Information

Card Holder Name:

Phone Number:

Address City, State Zip:

Card Number:

Transaction Detail

<input type="checkbox"/> ATM did not Dispense Funds	<input type="checkbox"/> Other: _____
<input type="checkbox"/> ATM Dispense Partial Funds: Received \$ _____ Requested \$ _____	<input type="checkbox"/> Paid by Other Means
<input type="checkbox"/> Canceled Transaction/Service: Date Canceled: _____	<input type="checkbox"/> Quality Issue: Detailed Description Below
<input type="checkbox"/> Credit not received	<input type="checkbox"/> Unauthorized Transaction
<input type="checkbox"/> Date Attempted to Resolve with Merchant: _____	
<input type="checkbox"/> Duplicate processing	
<input type="checkbox"/> Incorrect Transaction Amount: Transaction Posted for \$ _____ but, should have posted for \$ _____	
<input type="checkbox"/> Merchandise not Received: Expected Date for Delivery _____ Detailed Description Below	
<input type="checkbox"/> Merchandise Returned: Returned Date _____ and Method _____ Detailed Description Below	

At the time of the transactions. Where was the physical card?

In Possession

Lost/Stolen

Disputed Transaction

Each dispute transaction must appear below. Use additional pages if necessary.

Date: _____	Merchant Name: _____	Transaction Amount \$ _____
Date: _____	Merchant Name: _____	Transaction Amount \$ _____
Date: _____	Merchant Name: _____	Transaction Amount \$ _____
Date: _____	Merchant Name: _____	Transaction Amount \$ _____
Date: _____	Merchant Name: _____	Transaction Amount \$ _____

Member Explanation

Explain in detail why charges are being disputed. Use additional page if necessary.

Card Holder Signature: _____

Date: _____