

Debit Card Dispute Form

This form has been forwarded to you for your convenience. **This form is to be completed only if the disputed debit MasterCard transaction was initiated by the cardholder.** If the card is lost, stolen, or if the transaction was initiated without the cardholder's knowledge or consent, the card will need to be deactivated. Please complete the Fraudulent Transaction Form.

Regulations require that you notify us in writing within 60 days of the post date of the disputed charge. **Please be advised that MasterCard require that attempts be made to resolve your dispute with the merchant before notifying us.** Any response received after the above-mentioned time frame may result in our inability to assist you with your dispute.

Debit MasterCard Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Please use the card number on which the disputed charges appear)

Member Account Number: _____

Name:
Address:
Phone number:

I have verified the charges made to my account and I dispute the following item:

Date of Transaction	Posting Date	Amount	Merchant Name

Please check ONE category which BEST describes your dispute. (Any additional dispute use page 3)

____ I did authorize the transaction, and attempted to cancel with the merchant but was still charged.

- Were you advised of any cancellation policy? ____ Yes ____ No (if yes, explain below)

Date of cancellation: _____ Spoke with _____

Cancellation Number: _____ Reason: _____

- I canceled this recurring transaction with the merchant on _____ (date)

How _____

Describe your attempt to resolve with the merchant

____ I did authorize the transaction, but have not received the merchandise or service.
I expected _____ merchandise/service to be delivered on _____ (date).

Have you attempted to resolve this with the merchant?

Yes, I spoke with _____, on _____ (date).

No, why not? _____

Did merchant agree to issue credit?

Yes, merchant said it would be credited on _____ (date). (You need to wait 14 business days after the date the merchant said it was to be credited)

No, merchant is unwilling or unable to provide merchandise/service. If merchandise was being delivered to you, please provide shipping address, if it is not the address on file.

Debit MasterCard Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

_____ I did authorize the transaction, but the merchandise or services received were defective, damaged or not as described (according to the written or verbal descriptions). I have returned or made an attempt to return the merchandise for the credit. **(Please explain below the detail of the merchant's response and the details of the dispute. Also explain in specific detail what was ordered and what was received instead; what was defective or what was not as described. Supply proof of return and any documentation you have to support your claim.)**

_____ My account was charged twice for the same transaction. \$_____ on _____ (date).

- Describe your attempt to resolve with the merchant:
Spoke with: _____ on _____ (date).
Merchant's response: _____

_____ I was billed the wrong amount.

- The amount of this transaction post for \$_____ but should have posted for \$_____. (MUST supply copy of receipt).
- Describe your attempt to resolve with the merchant:
Spoke with: _____ on _____ (date).
Merchant's response: _____

_____ I used another form of payment for this transaction: ___ cash ___ check ___ other debit/credit card
(If selecting this dispute reason you MUST provide a copy of your proof of alternate payment. Proof can include another bank card statement, copy of the front of a canceled check or a cash receipt.)

- Describe your attempt to resolve with the merchant:
Spoke with: _____ on _____ (date).
Merchant's response: _____

_____ The above ATM transaction is incorrect. Amount requested \$_____ Amount received\$_____.

Additional information or comments: _____

Please Note:

- Please allow two business days from the receipt of this completed document for us to begin processing.
- Provisional credit will be provided at our discretion within 10 business days.
- Additional documentation may be required, based upon our investigation.
- We will make every effort to assist you; however, we cannot guarantee a favorable outcome for all disputed transactions.
- The length of the entire dispute process will vary based on the complexity of your claim.

By signing below, I understand that if I do not provide the required information/documentation, my dispute may be delayed. I have also contacted the merchant and tried to resolve this dispute, before contacting Memorial Credit Union.

Cardholder Signature

Date

Please return completed form and additional documentation to Memorial Credit Union.

Fax: 713-778-6320
Mail: Memorial Credit Union
7789 Southwest Freeway Suite 120
Houston, TX 77074

FSR Use Only:

Date Accepted _____ OP# _____
CU Fees to be refunded _____

Accounting Use Only:

Branch# _____ Total of Dispute _____
Provisional Credit Given _____

