

Debit Card / ATM Dispute Form

If you wish to dispute a debit card charge that has posted to your account either from a merchant or an ATM transaction, please read, complete and sign this form using black or blue ink. Return this form to us within 10 business days. You may receive a conditional credit for the disputed dollar amount. All disputes must be received within 60 days of you receiving the periodic statement on which the transaction appears. If we receive the form later than 60 days there may be no recourse. If we need more time to investigate we may take up to 45 days.

CARDHOLDER INFORMATION

Cardholder Name		Date	Account Number
Card Number		Card Type : Mastercard debit	
Street Address	City	State	Zip Code
Home Phone	Cell Phone	Work Phone	

At the time of the transaction my card was: (check one)
 Lost Stolen Still in my possession Never Received Given to: _____

I've attempted in good faith to resolve this dispute with the merchant. No Yes (if Yes, include details below)

CREDIT UNION USE ONLY

Date card was closed/cancelled: _____ (the date the card was listed on the exception file)
 Receiving Employee ID# and initials _____

CATEGORY: Check one category below that best describes your dispute for the transactions listed. Please note: Complete a separate form for each transaction if more than one category applies.

<p><input type="checkbox"/> Unauthorized ATM/POS/Visa Debit Card/Counterfeit Chip Transaction I didn't authorize or engage in the transaction. The card must be closed as stolen.</p> <p><input type="checkbox"/> Cancelled Services/Merchandise/Reservation I cancelled the services/merchandise/reservation on _____ (date). However, the merchant continues to bill me. The reservation cancellation number is: _____. The card must be closed as stolen.</p> <p><input type="checkbox"/> Item Billed Monthly The item was billed monthly. I cancelled my services on (specific date required): _____. Correspondence with the merchant is enclosed. The card must be closed as stolen.</p>	<p><input type="checkbox"/> ATM Withdrawal Dispute Amount Requested: \$ _____ Amount Received: \$ _____ Difference: \$ _____</p> <p><input type="checkbox"/> ATM Deposit Dispute Amount Deposited: \$ _____ Amount Credited: \$ _____ Difference: \$ _____</p>
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If one of the below categories is selected, you must include a detailed description of the merchandise or service you purchased in the space provided.

<p><input type="checkbox"/> Returned Merchandise I returned merchandise to the merchant on _____ (date). A copy of the delivery carrier receipt is enclosed.</p> <p><input type="checkbox"/> Debit Card Account Billed Twice I was incorrectly charged \$ _____ on _____ (date). The correct transaction for \$ _____ posted on _____ (date).</p> <p><input type="checkbox"/> Credit Receipt Issued and Not Processed I was issued a credit receipt that didn't post to my account. A copy of the credit receipt is enclosed with this form.</p> <p><input type="checkbox"/> Defective Merchandise/Not as Described The merchandise arrived broken, defective or otherwise unsuitable OR the product or service received was not as described by the merchant. The merchant's advertisement and a letter explaining what I expected to received are enclosed. I returned or attempted to return the merchandise on _____ (date).</p> <p><input type="checkbox"/> Merchandise or Service Not Received I didn't receive the merchandise or services I expected to receive on _____ (date).</p>	<p><input type="checkbox"/> Paid by Other Means I paid for this transaction using cash, check or another bank card. A copy of my cash receipt, cancelled check or other bank card statement is enclosed.</p> <p><input type="checkbox"/> Incorrect Amount I was billed \$ _____, but the correct amount is \$ _____. Evidence of the correct amount is enclosed.</p> <p>A detailed description of the merchandise or services purchased, i.e. model number, size, color, type of service : _____ _____ _____ _____</p>
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CARDHOLDER STATEMENT: Please give a brief description of the circumstances of your claim. Space is available below and at the top of page 2. Attach an additional sheet if more room is needed.

Police Report Number (if one was filed): _____

DISPUTED TRANSACTIONS

Transaction Date	Merchant or ATM Location	Amount (\$)	Merchant Contact Date	Merchant Response

Total \$ Amount: _____

Check here if additional transactions are listed on an attached addendum. Total number of addendums attached _____.

CARDHOLDER CHECKLIST

- Did you attach supporting documentation, if required? If you do not have the required documentation at this time, submit it as soon as possible.**
- Did you make a copy for your records?**

The completed Dispute Form and other required documentation can be taken to the Highway Crossroads Branch or can be mailed to the following address:

Highway Crossroads Credit Union
337 N Main Street
Sikeston, MO 63801

You may also fax the Dispute Form and required documentation to 573-472-5374 or email: support@highwaycrossroadscu.com
 You should expect resolution or provisional credit in accordance with the provisions and disclosures set forth in your card agreement. HCCU may place a temporary credit in the account mentioned above; however, if you do not provide all documents/information requested by HCCU the credit will be reversed. **For questions regarding your dispute, please call the Member Service Center at 573-472-5373**

CARDHOLDER SIGNATURE: Must be the name listed on the card

Cardholder Signature: _____ Date: _____