

VISA DEBIT/ATM CARDHOLDER DISPUTE FORM (Page 2)

Type of Dispute:

Unauthorized ATM withdrawal. The ATM withdrawal listed was not made by me or a person authorized by me to use my card.

Unauthorized debit transaction. The charge listed was not made by me or a person authorized by me to use my card. In addition, neither I nor anyone authorized by me received the goods or services represented by this charge.

Duplicate transaction. The transaction was posted two or more times to the account. Only one charge was authorized. I contacted the merchant on _____ and the merchant's response was _____

I was overcharged for the purchase. Please attach a copy of the original transaction receipt and any credit transaction receipt.

Cancellation. I cancelled the subscription/membership/policy/reservation (circle one) which was charged to my account by the above referenced merchant on _____. I was was not (check one) informed of the cancellation policy when I authorized the charge. The reason I cancelled was: _____. The cancellation number is _____. (If you do not have a cancellation number, please provide a copy of the letter, email, fax requesting cancellation or a copy of your phone bill showing the date and time of the cancellation call.)

I did not receive the merchandise. I have not received the merchandise that was expected to be delivered or picked up on _____. I contacted the merchant on _____ and the merchant's response was _____

Merchandise was returned. I returned the merchandise on _____ because _____. I contacted the merchant on _____ and the merchant's response was _____. Please attach proof of return or credit slip.

Credit did not post to my account. I was issued a credit for _____ on _____ which did not appear on my statement. Please attach a copy of the original transaction as well as the credit receipt.

Paid by other means. Please provide a copy of the cash receipt, or the front and back of your cancelled check, or copy of your statement if another credit card was used.

Credit posted as a sale. Please attach a copy of the original transaction receipt and any credit transaction receipt.

Other. Please describe the reason for the dispute and include what attempts have been made to contact the merchant and resolve the dispute. _____

I/we understand that InFirst Federal Credit Union investigates alleged fraudulent or unauthorized ATM/Debit Card usage and may refer the same to the appropriate law enforcement agency. I/we give consent to the credit union to release any information regarding my card and/or card account to any local, state and/or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my card account. I swear this affidavit is true and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

Cardholder Signature

Date