

ATM/Debit Mastercard® Dispute Form



*with you all the way
since 1938™*

Account Information

Name: _____
Card Number: _____ Card Type: ATM Debit
Member Number: _____
Street Address: _____ City, State & Zip: _____
Daytime Phone Number: _____ Evening Phone Number: _____
Date of Fraud Report: _____ | _____ | _____ Date of First Fraudulent Transaction: _____ | _____ | _____

Please select any that apply:

I am disputing transactions not authorized by me. (Please complete Sections A, C, and D)

I am disputing transactions with a merchant I have done business with. (Please complete B, C, and D)

A I am disputing charges that I did not authorize

Please select all that apply. Please complete sections C and D below to list the transactions you're disputing and provide details regarding your dispute, if applicable.

- My card was lost on _____ | _____ | _____
- My card was stolen on _____ | _____ | _____
- My card was in my possession
- I shared my PIN number with another person
- I have written my PIN number on my card
- I have given my card information to another person

B I am disputing charges with a merchant that I have done business with

Please select the situation that best describes your dispute. Please complete sections C and D below to list the transactions you're disputing and provide details regarding your dispute.

Multiple Processing

I have been billed multiple times (2 or more) for the same purchase. The original charge posted to my account on _____ | _____ | _____.

Difference in Amount

The amount on my sale slip differs from the amount billed. Enclosed is my receipt showing the correct amount.

Paid by Other Means

The charge(s) was paid by another method. The charge was paid by Cash Debit/Credit Card Check Other. Enclosed is a copy of the proof of payment (cancelled check, receipt or account statement).

Cancelled Transaction

I cancelled this recurring transaction with the merchant on _____ | _____ | _____. No charges after this date are authorized from this merchant. I was advised of the cancellation policy? Yes No

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Credit Not Received

I was given a credit slip or refund acknowledgement by the merchant on ____ | ____ | ____, but the credit has not yet posted to my account. Attached is a copy of the credit slip/refund acknowledgment. *If no credit slip/refund acknowledgment given, please provide merchant's response in Attempt to Resolve/Additional Details section.

Cancelled Reservation

I cancelled this reservation with the hotel/lodging merchant on ____ | ____ | _____. The cancellation number provided to me is: _____

*If no cancellation number given, were you advised of the cancellation policy? Yes No.

Please provide additional information or merchant's response in Attempt to Resolve/Additional Details section.

Merchandise/Services Not Received

I have not received the merchandise/services which were expected on ____ | ____ | _____. I have contacted the merchant on ____ | ____ | _____ but a credit has yet to post to my account. Was the merchant unwilling or unable to provide merchandise/services? Yes No.

*Please provide additional information or merchant's response in Attempt to Resolve/Additional Details section.

Merchandise Returned

I have returned the merchandise on ____ | ____ | _____ and requested a refund from the merchant. My Return Authorization Number (RAN) or cancellation number is _____

The merchandise was returned via USPS FedEx UPS Other.

My tracking # is _____

*Please provide additional information or merchant's response in Attempt to Resolve/Additional Details section.

Defective Merchandise

The merchandise ordered and received was damaged or defective. I have contacted the merchant and still did not receive resolution. A detailed explanation including my attempt to return is detailed below. *Please provide additional information or merchant's response in Attempt to Resolve/Additional Details section.

C Below is/are the transaction(s) that I am disputing

Please see last page to list additional Charges.

	Authorization Date	Settle Date	Merchant Name	Dollar Amount
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$
7.				\$

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D Please use this section to provide us with details regarding your dispute

(i.e. how you discovered fraud, attempts you made to resolve your dispute with the merchant, etc.)

Please attach any applicable supporting documentation.

Describe the Merchandise/Services Purchased:

Did you attempt to resolve with the merchant? Yes No

Date of most recent contact with merchant: _____ | _____ | _____

Contact Name: _____

How did you contact the merchant? Phone Email Letter In person

Please describe the attempt to resolve with the merchant:

Additional details:

Please note the following:

We will credit your account within 10 business days from the day your dispute is received unless otherwise notified. Although the Orange County's Federal Credit Union will make every effort to recover the disputed transactions, please be advised that the entire dispute process is governed by the Mastercard U.S.A. Inc. Operation Regulations for domestic transactions and Mastercard International Operating Regulations for foreign transactions and no guarantees can be made until the dispute is finalized.

Signed (cardholder): _____ Date: _____

OCFCU Associate: _____ Date: _____

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C Please list additional transactions here:

Below is/are the transaction(s) that I am disputing.

	Authorization Date	Settle Date	Merchant Name	Dollar Amount
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$
7.				\$
8.				\$
9.				\$
10.				\$
11.				\$
12.				\$
13.				\$
14.				\$
15.				\$
16.				\$
17.				\$
18.				\$