

# Advantage Financial Federal Credit Union Debit Card (ATM/POS) Dispute Statement

Please read each section carefully to ensure you have provided all required information. Every effort should be made to resolve the dispute(s) with the merchant prior to completing this form.

## Contact Information

<input type="text"/>		
Name on Card		
<input type="text"/>	<input type="text"/>	
CU Account Number	Card Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Phone Number	Alternate Phone Number	Email Address
<b>Preferred method of contact</b>	<input type="checkbox"/> Daytime phone	<input type="checkbox"/> Alternate phone <input type="checkbox"/> Email

## Merchant Information

<b>Are you disputing more than one item?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	\$	<input type="text"/>
<b>Merchant Name</b>	<b>Dispute Amount</b>	

## Type of Dispute (select one)

<input type="checkbox"/> <b>Duplicate transaction</b>	Date of 1st transaction _____	Date of 2nd transaction _____
<input type="checkbox"/> <b>Cancellation</b>	Date of cancellation (required) _____	Method of Cancellation _____
	Cancellation # _____	Reason _____
<input type="checkbox"/> <b>Returned merchandise</b>	Return date _____	Return Method _____
	Tracking# _____	Shipping Company _____
	Describe attempts to resolve with Merchant (required) _____	
<input type="checkbox"/> <b>Non receipt of ATM funds</b> (attach a copy of receipt)		
<input type="checkbox"/> <b>Non receipt of merchandise</b> (contact merchant first)	Describe attempts to resolve with Merchant (required) _____	
	_____	

**Transaction not recognized** (contact merchant first)  
Describe attempts to resolve with Merchant (required) \_\_\_\_\_  
\_\_\_\_\_

**Purchase paid by other means** (contact merchant first)  
Method of payment used (attach proof) \_\_\_\_\_  
Describe attempts to resolve with Merchant (required) \_\_\_\_\_  
\_\_\_\_\_

**Incorrect transaction amount** (receipt required)  
Transaction posted for \$ \_\_\_\_\_ should have posted for \$ \_\_\_\_\_

**Credit posted as Debit** (receipt required)

**Other** (provide a detailed description on a separate sheet of paper)

**List of Disputed Items** (required)

Date	Amount	ATM/Merchant

For a merchant dispute, please attach supporting documents (emails, letters, etc.) of resolution attempts. Failure to provide this information could cause your initial claim to be denied.

**The ATM/Debit card used in this Dispute Statement will be closed immediately and a new card will be issued within 7 to 10 business days.**

**Member Signature**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**