

EMPLOYEES FEDERAL CREDIT UNION
MASTERCARD CHECK CARD PURCHASE DISPUTE FORM
DISPUTED ELECTRONIC FUNDS TRANSFER NOTIFICATION

DEBIT CARD DISPUTE

Cardholder Name: _____ Member#: _____

Card Number: _____

Cardholder Address: _____

Cardholder Daytime Phone: () _____ Email Address: _____

Merchant Name: _____ Transaction Date: ___/___/___ Transaction Amount : _____

CARDHOLDER STATEMENT OF DISPUTED ITEM

I have examined the charge(s) made to my account and wish to dispute the purchase(s) for the following reason. I am enclosing a copy of all related documents, including any receipts, invoices and **details of my attempts to resolve this matter with the merchant.**

(Mastercard requires that a good faith effort attempt to resolve with merchant be made prior to disputing a transaction.)

- Fraudulent transaction. I have **NEVER** done business with this merchant and have not received any benefits or services from this transaction. **Attempted to resolve with merchant ___/___/___, please describe below.**
- I do not recognize or remember this transaction.
- Merchandise or services not received. Date expected ___/___/___. Date attempted to resolve with merchant ___/___/___. Please describe below.
- Defective or wrong merchandise received. Date attempted to resolve with merchant ___/___/___. Please describe details below.
- Transaction paid for by other means. Include proof of payment by other means.
- Hotel reservations, car rental, airline tickets, or any other travel related transaction cancelled. Must Include cancellation number/ code _____.
Date cancelled: ___/___/___.
- Transaction amount changed after original sale. Include copy of original receipt.
- Cancelled services. Date cancelled ___/___/___, cancellation number (if any) _____.
- Duplicate or multiple charges.
- Returned merchandise (Must allow 30 days from date of return.) RMA number from merchant _____.
Date returned: ___/___/___ . Shipping company used: _____
Include copy of shipping receipt.
- Other – PLEASE DESCRIBE BELOW:

ERROR DESCRIPTION:

Cardholder Signature: _____ Date: _____

Receiving Employee: _____ Date: _____

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ATM DISPUTE

Cardholder Name: _____ Member#: _____
Card Number: _____ Transaction amount/date _____
Cardholder Address: _____
Cardholder Daytime Phone: () _____ Email Address: _____

If you claim that the ATM transaction was unauthorized, please answer the following questions and sign the Electronic Funds Transfer Affidavit.

1. When did you discover your card missing? Date: _____ Time: _____
_____ (___ A.M. ___ P.M.)
2. Was your card lost or stolen? _____
3. Was your Personal Identification Number (PIN) written anywhere? _____ YES _____ NO
4. Was your PIN with the card? _____ YES _____ NO
5. Have you ever allowed anyone to use your card? _____ YES _____ NO
➤ If yes, who and when?

6. Where was the last ATM you used with your card?
_____ Date _____
7. Did you notify police of the unauthorized use? _____ YES _____ NO Police Report # _____

Electronic Funds Transfer Affidavit

I make this Affidavit voluntarily for the purpose of establishing the fraudulent use of my plastic card by an unauthorized person (s). I swear this Affidavit is true and understand that, ALL VIDEO TAPES OF THE TRANSACTION WILL BE TURNED OVER TO POLICE FOR IDENTIFICATION OF THE PERPETRATOR. Willful violations of the Federal Electronic Funds Transfer Act Regulation E carry criminal penalties and conviction for fraudulent use of EFT services carries a \$10,000.00 fine and a 10 year jail term.

I, (we), _____ certify on this date _____ that I (we) have read the Electronic Funds Transfer Affidavit and have no knowledge of and did not make or authorize the transaction (s) attached to this document

Cardholder

Signature: _____
Date: _____

Receiving Employee

Signature: _____
Date: _____