

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

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 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. (VISA 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: \_\_\_\_\_

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: \_\_\_\_\_