



Family Security
CREDIT UNION

Debit Cardholder Dispute Notification

Dispute Guidelines:

NOTE: If your card has been lost or stolen, please call us immediately at 256-340-2000 or 1-800-239-5515.

For your protection, a POLICE REPORT should be filed as soon as possible for a lost or stolen card.

Please allow 3-5 business days for provisional credit to be issued if approved.

We cannot stop or prevent a charge/authorized purchase from posting to an account. You may send in a dispute form for the charge/purchase while it is pending, but it cannot be processed until the charge posts to the card.

Written notification must be received within 60 days after the first statement on which the charge(s) appeared was mailed to you.

You must allow 30 days for receipt of shipped merchandise unless the merchant stipulated a specific delivery date when the order was placed.

If you returned merchandise to the merchant, you must allow the merchant up to 15 days from the return date to issue credit to your account.

If you have more than one charge to dispute, a separate form is required for each transaction.

If you signed up for a free, introductory trial, and did not cancel, the transaction cannot be disputed as unauthorized or fraud. You must cancel and resolve with the merchant.

If the transaction in question was authorized using your PIN, different regulations and procedures apply. Please contact our Card Services for more information.

Instructions:

Please complete, **sign**, and return the endorsed form with any supporting documentation requested to:

By Fax:

256-340-2024

By Mail:

Family Security Credit Union
Attn: Card Services
2204 Family Security Place SW
Decatur, AL 35603

**Family Security Credit Union
Notification of Cardholder Dispute**

Before completing this form, you must attempt to resolve the dispute with the merchant as indicated below. In addition, any documentation required for the type of dispute as indicated below must be submitted with this form. Only one transaction is allowed per form.

Cardholder Name		Member Number	
Daytime Phone Number		Email Address	
Merchant Name			
Card Number Affected		Date of Transaction	Amount of Charge
<p>(Check One)</p> <p><input type="checkbox"/> Card was in my possession when the disputed transaction occurred</p> <p><input type="checkbox"/> Card was lost/stolen when the disputed transaction occurred</p> <p>Date lost/stolen _____</p> <p>Has a police report been filed <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>(Required for all disputed transactions except for fraudulent or unauthorized.)</p> <ul style="list-style-type: none"> • When did you contact the Merchant? (mm/dd/yy) __ / __ / __ • Who did you speak with? _____ • What was the outcome of the merchant contact? _____ 			

Select Type of Dispute (Check **ONLY** one)

- I was billed twice for a single purchase** - One transaction is valid, but it posted more than once.
- Post Dates of each transaction: _____
- Membership was canceled** - Please enclose copy of **letter, email, or fax** informing the merchant of cancellation.
- When did you cancel with the merchant? _____
 - Reason for cancellation? _____
 - Date of cancellation __ / __ / __ Cancellation # _____
 - Were you advised of a cancellation policy? Yes No
 - If yes, what were you told? _____

Merchandise was returned – You **must** return the merchandise prior to exercising this right. **Please attach proof of return.**

- What was ordered? _____
- What was received? _____
- Reason for returning? _____
- Was merchandise suitable for the purpose intended? _____

I did not receive the merchandise

- What was the expected delivery date? __ / __ / __ Pickup date? __ / __ / __
- Did you cancel with the merchant? Yes No
If yes, when? __ / __ / __ How? _____
- What was the merchandise that was ordered? _____

I was overcharged for the purchase - Please include a copy of the signed sales receipt.

My credit posted as a sale - Please attach a copy of the credit slip and the original sales slip.

The credit did not post to my account - Please enclose a copy of the dated credit slip or notice of credit from the merchant and a detailed explanation of your dispute.

I paid by other means - You **must** provide proof of paid by other means such as a copy of the cancelled check (*front and back*), a cash receipt, or a billing statement from another credit card.

I was charged for a hotel room, which I cancelled

- Were you advised of a cancellation policy? Yes No
- If yes, what was the policy? _____
- Cancellation # _____ **(REQUIRED)** Cancellation date __ / __ / __

ATM Withdrawal

- I have no knowledge of the ATM withdrawal listed above.
- I attempted a withdrawal: however, did not receive money from the machine.
- Other (*please explain*) _____

Service dispute - Please describe the nature of your dispute and your attempts at resolution on a separate sheet of paper and attach to this form. Include copies of second opinions from a certified merchant on their invoice or letterhead, repair bills, contracts or other supporting documentation.

I did not authorize this charge - I certify that I did not authorize or participate in this transaction with the above-mentioned merchant, nor did I authorize anyone else to use my card. To use this option, you **must** report your card lost or stolen. If you have not, please call 1-800-239-5515.

Other - Please enclose a detailed description on a separate sheet and attach it to this form.

Fax: 256-340-2024 Phone: 1-800-239-5515

Cardholder Affidavit and Authorization

A false declaration to a federally insured financial institution may be a violation of federal and/or state law. I declare the information provided is true, accurate, and complete to the best of my knowledge. I authorize representatives of Family Security Credit Union to investigate this claim and understand that a comprehensive investigation to determine the accuracy of all information provided may be performed. I authorize the merchant identified above to release any information requested by Family Security Credit Union during its investigation. I also acknowledge that I will cooperate fully with Family Security Credit Union to prosecute the parties responsible for unauthorized use of my card.

Member Signature	Date

For Credit Union Use ONLY	
Teller #	Date
Card Services Employee Name	Date Credited to Member's Account <i>(if applicable)</i>