

## DEBIT CARD DISPUTE FORM

**Statement to the Member:** Regulation E limits your liability as the consumer for unauthorized electronic fund transfers, such as those arising from loss or theft of an ATM or debit, to \$50.00 provided notification is received within two business days after becoming aware of the loss. If you fail to notify the Democracy Federal Credit Union in a timely fashion, your consumer liability shall not exceed the lesser of \$500.00 or the sum of \$50.00 or the amount of the unauthorized transfer that occurs within the two business days.

As per Regulation E, Democracy Federal Credit Union has up to 10 business days to provide you with provisional credit if it is deemed you (the consumer) are not liable in any way.

**Provisional Credit Notice:** A provisional credit may be issued to your account during the investigation. However, if it is determined that you are liable for the disputed transaction(s), the provisional credit will be reversed, and your account will be debited for the credit previously provided. \_\_\_\_\_ (Member Initials)

**Please be advised that you must make every effort possible to resolve this dispute with the merchant directly prior to filing a dispute with Democracy.** \_\_\_\_\_ (Member Initials)

Debit Card Number \_\_\_\_\_ Account Number \_\_\_\_\_ Member Name \_\_\_\_\_

Cardholder Phone Number \_\_\_\_\_ Cardholder Email Address \_\_\_\_\_

Transaction Date	Merchant Name	Amount

### Select the Dispute Type (Check Only One)

☐ **I did not authorize this charge** – I certify that I did not authorize or participate in this transaction with the abovementioned merchant, nor did I authorize anyone else to use my card. To use this option, you **must** close the card.

•Has the card been closed? ☐ Yes ☐ No

☐ **ATM Dispute** – Please include ATM receipt if you received one.

•Was the PIN number with the card? ☐ Yes ☐ No

•Have you ever given out your pin number to anyone? ☐ Yes ☐ No

- ☐ **Did not recognize** – Please attempt to contact the merchant prior to disputing the charge.
- When did you contact the merchant? \_\_\_\_ / \_\_\_\_ / \_\_\_\_
  - What was the outcome of the merchant contact? \_\_\_\_\_
- ☐ **Billed twice for a single purchase** – Cardholder certifies the first transaction is valid, but the transaction posted more than once.
- Valid Transaction: Amount \$ \_\_\_\_\_ Date Posted \_\_\_\_ / \_\_\_\_ / \_\_\_\_
  - Invalid Transaction: Amount \$ \_\_\_\_\_ Date Posted \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- ☐ **Membership/Hotel cancellation** – Please include proof of cancellation with your dispute form.
- When did you contact the merchant? \_\_\_\_ / \_\_\_\_ / \_\_\_\_
  - Reason for cancellation \_\_\_\_\_
  - Date of cancellation \_\_\_\_ / \_\_\_\_ / \_\_\_\_
  - Cancellation Number \_\_\_\_\_
  - Were you advised of the cancellation policy? ☐ Yes ☐ No
  - If yes, what were you told? \_\_\_\_\_
- ☐ **Merchandise was returned** – You must attempt to return the merchandise prior to disputing with this option. Please include proof of return with your dispute form.
- When did you contact the merchant? \_\_\_\_ / \_\_\_\_ / \_\_\_\_
  - What was the outcome of the merchant contact? \_\_\_\_\_
  - What was the merchandise ordered? \_\_\_\_\_
  - Reason for return: \_\_\_\_\_
- ☐ **Merchandise not received** – Please contact the merchant prior to disputing this item.
- Did you attempt to cancel with the merchant? ☐ Yes ☐ No If so, when? \_\_\_\_ / \_\_\_\_ / \_\_\_\_
  - What was the outcome of the merchant contact? \_\_\_\_\_
  - What was the expected delivery/pickup date? \_\_\_\_ / \_\_\_\_ / \_\_\_\_
  - What was the merchandise ordered? \_\_\_\_\_
- ☐ **Overcharged for the purchase** – You must include a copy of your purchase receipt to dispute with this option.
- When did you contact the merchant? \_\_\_\_ / \_\_\_\_ / \_\_\_\_
  - What was the outcome of the merchant contact? \_\_\_\_\_
- ☐ **Paid by other means** – You must provide proof that you paid by other means to dispute with this option.
- When did you contact the merchant? \_\_\_\_ / \_\_\_\_ / \_\_\_\_
  - What was the outcome of the merchant contact? \_\_\_\_\_

Use the below section to explain in detail why you are disputing the item(s). This is required for all options checked.

---



---



---



---

Member Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**For Credit Union Use Only**

Credit Union Representative Name: \_\_\_\_\_ Teller Number: \_\_\_\_\_ Date Received: \_\_\_\_\_