



P.O. BOX 6048
 DEARBORN, MICHIGAN 48121
 PH 313.336.2700 PH 888.336.2700
 www.dfcufinancial.com

Business Point of Sale/ Purchase Error Resolution Form

Page 1 of 5

Please Read Before Proceeding

- This form **must** be completed by the person whose name appears on the ATM or debit card.
- Complete Pages 1 and 5 if you are reporting *unauthorized* or *fraudulent* card transactions:
 - Someone used your debit card or card number to make transactions without your knowledge or permission.
 - You did not give your card number to the merchant or authorize anyone to perform transactions with the merchant.
 - Your card **must** be closed. Please call us at 888.336.2700 during normal business hours, or 888.918.7880 after hours and on weekends to close your card.
 Complete all pages if you are *disputing* a transaction previously initiated with the merchant:
 - MasterCard requires that you first attempt to resolve the issue directly with the merchant *before* submitting a dispute. Please include all documentation pertaining to your attempts to resolve.
- We will be unable to process your claim until we have received all of the required information and/or documentation. Required fields are marked with an asterisk (*).
- Forms **must** be received by DFCU Financial within sixty (60) days of the transaction date as printed on your statement. Return the form(s) to DFCU Financial using one of the following methods:

Deliver in person to any DFCU Financial branch location.	Or	Mail to: DFCU Financial PO Box 6048 Dearborn, MI 48121-9853	Or	Fax to 313.322.8460
--	-----------	--	-----------	---------------------
- Monitor your mail and respond promptly to requests for additional information. Failure to respond by the provided deadlines could result in error denial and reversal of any provisional credits posted to your account.

REQUIRED INFORMATION

Your Contact information: (All fields are required)

*Member/Organization Number	*Member Name	*Business ATM or Debit Card Number
*Daytime Phone Number		*Email Address
*Date You Discovered the Unauthorized Charge(s)		*Date Charge(s) Reported to DFCU Financial
*Status of Card at the time of the transaction:		
<input type="checkbox"/> Lost Date: _____ <input type="checkbox"/> Stolen Date: _____ <input type="checkbox"/> Never Received by You <input type="checkbox"/> In Your Possession		
*My PIN was stored with the card or written on the card:		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Transaction Details: (Please print additional sheets if necessary.)

Merchant Name/ Location	Transaction Date (mm/dd/yy)	Transaction Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$



P.O. BOX 6048
 DEARBORN, MICHIGAN 48121
 PH 313.336.2700 PH 888.336.2700
 www.dfcufinancial.com

Business Point of Sale/ Purchase Error Resolution Form

Page 2 of 5

Special Instructions for Completing the Dispute Section (pages 2 – 4)

1. Please check **only one dispute type**. Check the box that most closely matches the type of dispute you are submitting.
2. **All fields are required**. We will be unable to process your dispute unless all of the required information and/or documentation is provided.
3. Please provide **as much detail as possible**. Attach a separate sheet if more space is needed for your explanation.
4. Attach all supporting documents.

Cancellation – Recurring Transaction (e.g., subscription, membership, policy, etc.)

*Were you advised of any cancellation policy? Yes (Explain Below) No

*Explanation of Cancellation Policy: _____

*Date Cancelled with Merchant: _____ (cannot be used as an attempt to resolve date)

*Cancelled By: Phone – Spoke with: _____
 Email – Provide Copy of Email Cancelled in Person

*Cancellation Number: _____

*Describe your attempt to resolve the situation with merchant and include the date(s) of contact:

Cancellation – Hotel Reservation

*Were you advised of any cancellation policy? Yes (Explain Below) No

*Explanation of Cancellation Policy: _____

*Date Cancelled with Merchant: _____ (cannot be used as an attempt to resolve date)

*Cancelled By: Phone – Spoke with: _____
 Email – Provide Copy of Email Cancelled in Person

*Cancellation Number: _____

*Describe your attempt to resolve the situation with merchant and include the date(s) of contact:

Returned Merchandise

*Date Returned: _____ *Date Received by Merchant: _____

*Reason Merchandise was Returned: _____

If return was completed by mail:

*Returned Merchandise Authorization Number (RMA): _____

*Shipping Company: _____ *Tracking Number: _____



P.O. BOX 6048
 DEARBORN, MICHIGAN 48121
 PH 313.336.2700 PH 888.336.2700
 www.dfcufinancial.com

Business Point of Sale/ Purchase Error Resolution Form

Page 3 of 5

If you have a credit slip, voucher or a refund acknowledgement that has not posted:

*Date of Credit Slip: _____ Invoice/Receipt # of Credit: _____

*Describe your attempt to resolve the situation with merchant and include the date(s) of contact:

Multiple Charges for the Same Transaction

*Date of First Charge: _____ *Date of Third Charge: _____

*Date of Second Charge: _____ *Date of Fourth Charge: _____

*Describe your attempt to resolve the situation with merchant and include the date(s) of contact:

Incorrect Transaction Amount

You **must** attach a **copy of your receipt** showing the correct transaction amount.

*Amount for which the Transaction Posted: \$ _____

*Amount for which the Transaction should have Posted: \$ _____

*Describe your attempt to resolve the situation with merchant and include the date(s) of contact:

Non-Receipt of Goods or Services

*Select one of the following:

Merchandise or services not received. Expected delivery date: _____

Merchant unwilling or unable to provide service.

*Describe your attempt to resolve the situation with merchant and include the date(s) of contact:



P.O. BOX 6048
 DEARBORN, MICHIGAN 48121
 PH 313.336.2700 PH 888.336.2700
 www.dfcufinancial.com

Business Point of Sale/ Purchase Error Resolution Form

Page 5 of 5

FRAUDULENT TRANSACTIONS

Unauthorized or Fraudulent Use of Card or Card Number

By checking the box above and signing below, I make this affidavit for the purpose of establishing the fraudulent use of my card. I did not give, sell, or trade my card, nor did I give anyone permission to use my card(s), including anyone in my household. I did not receive any benefit from the unauthorized use of my card. I give my consent to the credit union to release any information regarding my card and/or card account to local, state and/or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my card and/or card account. Further, I understand I may be required to comply with a court order or subpoena to give testimony. I swear this affidavit is true and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment

I have reported the activity to the police: No Yes – complete information below:

Agency: _____
 Report Number: _____
 Contact Number: _____

STATEMENT & AUTHORIZATION

I declare that the information provided on this form is true and correct.

 Business Card Holder Signature

 Date