



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

ATM Transaction Dispute Request

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Please Read Before Proceeding

1. This form **must** be **completed by the person whose name appears on the ATM or debit card**.
2. If you are reporting *unauthorized or fraudulent* card transactions, 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.
3. We will be unable to process your claim until we have received all of the required information and/or documentation.
4. 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

5. 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:

*Required Fields

*Member Number	*Your Name	*ATM or Debit Card Number
*Daytime Phone Number	*Email Address	
*Date You Discovered the Unauthorized Withdrawal(s)	*Date Withdrawal(s) Reported to DFCU Financial	
*Status of Card at the time of transaction		
<input type="checkbox"/> Lost Date: _____ <input type="checkbox"/> Stolen Date: _____ <input type="checkbox"/> Never Received by You <input type="checkbox"/> In Your Possession		

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

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



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Instructions for Completing the Dispute Section

1. Please check **only one dispute type**. Check the box that most closely matches the type of dispute you are submitting.
2. Attach all supporting documents.
 - ☐ The ATM did not dispense any monies, however, the transaction was debited to my account.
 - ☐ The ATM did not dispense the amount requested, however debited my account for the amount entered.
 - ☐ The ATM retrieved the funds before I had a chance to remove it from the machine.
 - ☐ The funds I deposited at the ATM were not credited to my account.
 - ☐ Other/Please Describe:

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.



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My PIN was stored with the card or written on the card. <input type="checkbox"/> Yes <input type="checkbox"/> No
I knew the (un)authorized user: <input type="checkbox"/> No <input type="checkbox"/> Yes – complete information below Name: _____ Address: _____
I have reported the activity to the police: <input type="checkbox"/> No <input type="checkbox"/> Yes – complete information below Agency: _____ Report Number: _____ Contact Number: _____

STATEMENT & AUTHORIZATION

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

Card Holder Signature _____

Date _____