



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

Debit/ATM Card Point of Sale Dispute Form

Please Read Before Proceeding

1. This form **must** be completed by the person whose name appears on the debit or ATM card.
2. Complete this form 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.
3. We will be unable to process your claim until we have received all the required information and/or documentation. 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

Fax to:
 Or 313.322.8460

4. 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 number	Member name	ATM or Debit Card Number
Daytime phone number		Email
Date You discovered the error(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 Posting Date (mm/dd/yy)	Transaction Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Debit/ATM Card Point of Sale Dispute Form, continued

INSTRUCTIONS FOR COMPLETION

1. Please check **ONE** statement that most closely matches your reason for dispute.
2. All fields are required; choosing more than one reason or missing information could delay processing.
3. All dispute reasons **REQUIRED WRITTEN DOCUMENTATION** of your attempt(s) to resolve the situation with the merchant. In addition to support documentation request, please provide additional details on page 4.

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

Were you advised of any cancellation policy? Yes (Provide copy of the cancellation policy) No

Date cancelled with merchant: _____

Cancelled By: Phone – spoke with: _____ Email – provide copy of email

Cancellation Number: _____

Multiple Charges for the Same Transaction

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

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

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: \$ _____

Non-Receipt of Goods or Services

Select one of the following:

Merchandise not received. Expected delivery date: _____

Merchant unwilling or unable to provide service.

Paid for Goods or Services by Other Means

You must supply proof of other means of payment. Proof can include a copy of the front and back of a canceled check, a cash receipt or another Bank Card statement.

Select one of the following:

Check Cash Other bank card Other: _____

Credit Transaction Posted as a Debit Transaction in Error

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: \$ _____

Debit/ATM Card Point of Sale Dispute Form, continued

Returned Merchandise or Credit Not Received

Date returned: _____

Date received by merchant: _____

If return was completed by mail:

Returned Merchandise Authorization number (RMA): _____

Shipping company: _____

Tracking number: _____

Reason merchandise was returned:

If merchant has promised a refund or credit that has not posted:

You must attach a copy of your credit slip, voucher or refund acknowledgment. If unavailable, explain below.

Date of credit slip: _____

Invoice/receipt # of credit: _____

Other

Do not choose this option for unauthorized transactions. **If someone used your debit card to make transactions without your knowledge or permission, complete the *Debit/ATM Card Point of Sale Fraud Form*.** The card must be closed to prevent additional fraud from occurring.

