



# 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.	<b>Or</b>	Mail to: DFCU Financial PO Box 6048 Dearborn, MI 48121-9853	<b>Or</b>	Fax to: 313.322.8460
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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

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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: \$ \_\_\_\_\_



