

# 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 **Or** location. 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:				
Lost Date Stoler	n Date Never re		eceived by You	In Your possession
My PIN was stored with the card or written of	on the card:			
🗌 Yes 🗌 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 <b>ONE</b> 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 <b>REQUIRED WRITTEN DOCUMENTATION</b> 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: Dhone – 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 <b>should have</b> 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 <b>should have</b> posted: \$					

## Debit/ATM Card Point of Sale Dispute Form, continued

Returned Merchandise or Credit No	ot Received							
Date returned:	Date received by merchant:							
If return was completed by mail:								
Returned Merchandise Authorization r	Returned Merchandise Authorization number (RMA):							
Shipping company:	Tracking number:							
Reason merchandise was returned:								
If merchant has promised a refund or cred You must attach a copy of your credit slip,	lit that has not posted: , voucher or refund acknowledgment. If unavailable, explain belov	N.						
Date of credit slip:	Invoice/receipt # of credit:							

\*\*\*Describe your attempt(s) to resolve the situation with the merchant, including date(s) of contact, and provide copies of letters/ emails sent. If the merchant has not responded, include a statement to that effect. Provide as much detail as possible and attach a separate sheet if necessary.



#### **STATEMENT & AUTHORIZATION**

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

Card Holder Signature

Date