



Community Regional Credit Union

"Your Community, Your Credit Union"

510 Bridge Street
Old Forge PA 18518
Phone 570 457-8899/570 288-2326 Toll Free 1-800-698-0101 Fax 570 288-0448

584 Wyoming Avenue
Kingston PA 18704

ATM/DEBIT CARD DISPUTE FORM

All Appropriate fields must be completed.

Date:

Card holders Name:

Card Number:

Transaction Date: Total Amount:

Reason for Dispute:

Phone Number: Total# of Fraud/Dispute Transactions:

Check Only One:

- Cardholder initiated dispute claim
- Cardholder initiated fraud claim

Account Status: Open Closed Lost/Stolen-Status Code ____ Date Stat used ____

NOTE: Please ensure the account is permanently blocked if initiating a fraud claim.

Cardholder Name: (please print)

First: _____ Last: _____

Transaction Date	Post Date	Disputed/ Fraud Transaction Amount	Merchant Name
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Dispute Information Form

Please check only one statement that pertains to the dispute or fraud claim being filed and provide the information requested. The templates below assume the cardholder's perspective.

- Unrecognized** (I am not sure if I made this transaction)
Please describe your attempt to resolve this dispute with the merchant in the space for additional information below.
- Incorrect Amount** (I was billed the wrong amount)
What was the amount you should have been billed? _____ (Please provide a receipt if available).
What was purchased? _____ Please describe your attempt to resolve this dispute with the merchant in the space for additional information below.
- Duplicate Charge** (I have been billed more than once for the same transaction)
What was the purchase? _____

Please provide a copy of the statement and identify which is valid and which is duplicated.

- Paid By Other Means** (I paid for this transaction via another payment method or credit card)
What was purchased? _____
Paid by: (Circle one) Check Cash Another Credit Card Other _____ Please describe your attempt to resolve this dispute with the merchant in the space for additional information below.

Please provide a copy of your cash receipt, the front and back of your cancelled check or a copy of your statement if another credit card was used.

- Cancelled** (I was charged for something I previously cancelled)
What was purchased? _____
Were you advised of the merchant's cancellation? (Circle One) Phone Mail Email Other _____
Date of cancellation: _____
Cancellation number and/or name of person you spoke with: _____
Please describe your attempt to resolve this dispute with the merchant in the space for additional information below.

If you cancelled by phone, please provide a copy of the telephone bill reflecting the call if available. If you cancelled by email, please provide a copy of the email correspondence.

- Merchandise not as Described** (The merchandise I received was damaged, defective, or not what I ordered.)
What was purchased? _____
Date the merchandise was received: _____
Return authorization number or cancellation number if available: _____
Tracking number for return merchandise: _____
Please describe your attempt to resolve this dispute with the merchant in the space for additional information below.

Cardholder Certification of Fraudulent Activity

Card Number:

Cardholder Name (Please Print)

First: _____ Last: _____

Unauthorized (I am positive I did not make this transaction)

I did not make nor authorize the changes(s), or authorize anyone else to make the change (s),
I give permission for my card to be blocked and for a new account number to be issued to if necessary.

At the time the fraudulent transaction(s) occurred, me card was (check one):

In my possession not in my possession

Cardholder Signature: _____ Date: _____