TRANSACTION DISPUTE FORM

Full Name and Address:	**HFCU USE ONLY** CARD STATUS: ☐ Closed (In Member's Possession) ☐ Hot Card (Lost or Stolen) When: _____
Account Number: Debit Card Number:	Phone Number: Email:

Transaction(s) – if more than three transactions please ask the receptionist for additional transaction page.

Merchant Name:	Amount: $	Post Date:	**HFCU USE ONLY** Trace #:
Merchant Name:	Amount: $	Post Date:	**HFCU USE ONLY** Trace #:
Merchant Name:	Amount: $	Post Date:	**HFCU USE ONLY** Trace #:

For Point-of-Sale Transaction Disputes

I would like to dispute the above amount for the following reason:

☐ I neither authorized nor participated in this transaction. It is a fraudulent transaction.

☐ The same transaction has been posted twice to my account.

☐ The amount of the transaction is incorrect. My receipt is for $_____. (Please attach a copy of the receipt.)

☐ I initiated the transaction, and was denied, but my account was charged.

☐ I authorized a reoccurring subscription but cancelled it and still getting charged. **(In this case, please contact the merchant and provide proof of cancelation.)**

☐ The service/merchandise was never received. **(In this case, please contact the merchant prior to completing this form.)**
Merchant's Name: _____

When was the company contacted? _____

What was their response? _____

Details of Dispute - For any reason you noted above, please briefly summarize the details of your dispute

For ATM Transaction Disputes - Please attach the ATM receipt

☐ I never authorized this transaction.

☐ I acknowledge participating in the ATM transaction, but I did not receive any funds.

☐ I acknowledge participating in the ATM transaction but received only a portion of my funds.
I requested $_____; I received $_____.

☐ I acknowledge participating in the ATM transaction, but it posted twice.

Additional Information Needed

Was a police report filed?	YES ☐ NO ☐	Might another valid user have used the card?	YES ☐	NO ☐
Was an affidavit of forgery signed?	YES ☐ NO ☐	Might someone else know the PIN?	YES ☐	NO ☐
Was the merchant contacted?	YES ☐ NO ☐			
If not, was the merchant unreachable?	YES ☐ NO ☐			

Cardholder's Signature:	Date:	**HFCU USE ONLY** MSR Initials:

Additional Transaction(s)

Merchant Name:	Amount: $	Post Date:	**HFCU USE ONLY** Trace #:
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