

Debit Card / ATM Dispute Form

If you wish to dispute a debit card charge that has posted to your account either from a merchant or an ATM transaction, please read, complete and sign this form using black or blue ink. Return this form to us within 10 business days. You may receive a conditional credit for the disputed dollar amount. All disputes must be received within 60 days of you receiving the periodic statement on which the transaction appears. If we receive the form later than 60 days there may be no recourse. If we need more time to investigate we may take up to 45 days.

| CARDHOLDER INFORMATION | | | , , , , , , | | | | |
|---|---|--|---|----------|---------------------|--|--|
| Cardholder Name | | Date Accou | | Account | ount Number | | |
| Card Number | | Card Type (check or | Card Type (check one) : Visa Debit Card | | ☐ Standard ATM Card | | |
| Street Address | City | | State | | Zip Code | | |
| Home Phone | Cell Phone | | Work Phone | | | | |
| At the time of the transaction my card was: (check one) □ Lost □ Stolen □ Still in my possession □ Nev | er Received | ☐ Given to:_ | | | | | |
| I've attempted in good faith to resolve this dispute with the merchant. ☐ No ☐ Yes (if Yes, include details below) | | | | | | | |
| CREDIT UNION USE ONLY | | | | | | | |
| Date card was closed/cancelled: (the date the card was listed on the exception file) Receiving Employee ID# and initials | | | | | | | |
| CATEGORY: Check one category below that best describes your dispute for the transactions listed. Please note: Complete a separate form for each transaction if more than one category applies. | | | | | | | |
| □ Unauthorized ATM/POS/Visa Debit Card/Counterfeit Chip Transaction didn't authorize or engage in the transaction. The card must be closed as stolen. □ Cancelled Services/Merchandise/Reservation cancelled the services/merchandise/reservation on (date). However, the merchant continues to bill me. The reservation cancellation number is: The card must be closed as stolen. Item Billed Monthly The item was billed monthly. I cancelled my services on (specific date required): Correspondence with the merchant is enclosed. The card must be closed as stolen. | Amou Amou Differ D ATN Amou | M Withdrawal Dispont Requested: \$ | | | | | |
| If one of the below categories is selected, you must include a compurchased in the space provided. | | | merchandise | or servi | ce you | | |
| ☐ Returned Merchandise I returned merchandise to the merchant on (date). A copy of the delivery carrier receipt is enclosed. | I paid of my | ☐ Paid by Other Means I paid for this transaction using cash, check or another bank card. A copy of my cash receipt, cancelled check or other bank card statement is enclosed. | | | | | |
| ☐ Debit Card Account Billed Twice I was incorrectly charged \$on(date). The correct transaction for \$ posted on(date) ☐ Credit Receipt Issued and Not Processed | □ Inco). I was l \$ | ☐ Incorrect Amount I was billed \$, but the correct amount is \$ Evidence of the correct amount is enclosed. | | | | | |
| I was issued a credit receipt that didn't post to my account. A copy of the credit receipt is enclosed with this form. Defective Merchandise/Not as Described The merchandise arrived broken, defective or otherwise unsuitable Of the product or service received was not as described by the merchant. The merchant's advertisement and a letter explaining what I expected to received are enclosed. I returned or attempted to return the merchandise on (date). | model | A detailed description of the merchandise or services purchased, i.e. model number, size, color, type of service : | | | | | |
| ☐ Merchandise or Service Not Received I didn't receive the merchandise or services I expected to receive on(date). | | | | | | | |



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| CARDHOLDER STATEMENT: Please give a brief description of the circumstances of your claim. Space is available below and at the top of page 2. Attach an additional sheet if more room is needed. Police Report Number (if one was filed): | | | | | | | | |
|--|--------------------------|-----------------|----------------------|--|--|--|--|--|
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| DISPUTED TRANSACTIONS | | | | | | | | |
| Transaction | Merchant or ATM Location | Amount (\$) | Merchant | Merchant Response | | | | |
| Date | | | Contact Date | · | | | | |
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| Total \$ Amount: ☐ Check here if additional transactions are listed on an attached addendum. Total number of addendums attached . | | | | | | | | |
| CARDHOLDER | | The attached a | duendum. Total num | iber of addendums attached | | | | |
| | | equired? If you | do not have the requ | uired documentation at this time, submit it as | | | | |
| soon as possible. | | | | | | | | |
| Did you make a copy for your records? The completed Dispute Form and other required documentation can be taken to a People First branch or can be mailed to the | | | | | | | | |
| following address: | | | | | | | | |
| People First Federal Credit Union Member Service Center – Debit Card | | | | | | | | |
| 2141 Downyflake Ln | | | | | | | | |
| Allentown PA 18103 | | | | | | | | |
| You may also fax the Dispute Form and required documentation to 610-791-1727. You should expect resolution or provisional credit in accordance with the provisions and disclosures set forth in your card agreement. | | | | | | | | |
| PFFCU may place a temporary credit in the account mentioned above; however, if you do not provide all documents/information | | | | | | | | |
| requested by PFFCU the credit will be reversed. For questions regarding your dispute, please call the Member Service Center at 610- | | | | | | | | |
| 797-7440 or 1-800-446-5598. CARDHOLDER SIGNATURE: Must be the name listed on the card | | | | | | | | |
| The state of the s | | | | | | | | |
| Cardholder Sig | gnature: | | | Date: | | | | |