Debit Card Dispute

Name(s): _____ **Date:** _____

_____

Card # _____

I/we did not authorize the following transactions:

DATE	AMOUNT	MERCHANT

Additional Information:_____

_____

_____

Are the above cards in your possession? YES or NO?

Last authorized purchase and amount on card: _____

Did you authorize someone (<u>other than the cardholder</u>) to use your card? _____

- ***By signing below you are agreeing for the Credit Union to file a dispute on your behalf. Your debit card will be blocked and a new card will be issued.***

_____ _____

Signature Date Signature Date

Credit Union Use Only

Date Received: **Date Funds Refunded:** **Dispute Filed:** **Initials:**

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