



Encompass Niagara

Federal Credit Union

YOUR BEST DIRECTION FOR FINANCIAL SERVICES

Debit Card Dispute Form

(Domestic and International)

Name: _____

Account Number: _____

Debit Card Number: _____

Date Disputed: _____

Date(s) of Transactions posted: _____

Transaction (company): _____ Amount: _____ Trace #:

Transaction (company): _____ Amount: _____ Trace #:

Transaction (company): _____ Amount: _____ Trace #:

Transaction (company): _____ Amount: _____ Trace #:

Transaction (company): _____ Amount: _____ Trace #:

Transaction (company): _____ Amount: _____ Trace #:

Reason For Dispute:

Does the member have their card? Yes or No

If No, was the card listed lost or stolen? Yes or No

If No, does the member know where their card is or who may have it? Yes or No

If yes, please explain: _____

Does cardholder know who may have used their card? Yes or No , Who (if known)? _____

Has cardholder tried to contact the merchant? Yes or No , What day (if yes)? _____

How did they attempt to contact the merchant? _____

Did the merchant respond? Yes or No

If Yes, what was the response from the merchant? _____

Can you provide a copy of the merchants' response? Yes or No

Why does cardholder believe it is fraud? Give details _____

Did the cardholder make the purchase? Yes or No , What day? _____

Are they disputing the cost? Yes or No

If Yes, what part of the cost is the member disputing? _____

Did they receive the product? Yes or No

If Yes, what day did you receive the product? _____

If No, do you have a confirmation # for the order? Yes or No

If Yes, Please provide confirmation # _____

When did the cardholder expect to receive the product? _____

What did they purchase? (Be specific: brand, color, size, etc.) _____

Was the product returned? Yes or No

If Yes, what is the return confirmation # _____

Did the member sign up for a monthly subscription? Yes or No

If Yes, what day did the member cancel the subscription? _____

Does a new ATM card need to be ordered? Yes or No

Member's Signature: _____

Credit Union Use Only:

Dispute approve\denied: _____

Denial Reason (if applicable): _____

Initial and Date: _____

***This form is to be scanned into the member's file incase Client Central calls for proof or verification of signature.**