



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(s) Transactions posted: _____

Transaction: _____ Amount: _____ Trace #: _____

Transaction: _____ Amount: _____ Trace #: _____

Transaction: _____ Amount: _____ Trace #: _____

Transaction: _____ Amount: _____ Trace #: _____

Transaction: _____ Amount: _____ Trace #: _____

Transaction: _____ Amount: _____ Trace #: _____

Reason For Return:

If Fraud: 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? _____

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 , Did they receive the product? Yes or No

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

When did the cardholder expect to receive the product? _____

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.**