



## Debit Card Dispute Questionnaire

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Debit Card Number: \_\_\_\_\_

Was your card in your possession <b><i>at the time</i></b> of the transaction?	YES	NO
If no, have you reported your card lost or stolen?	YES	NO N/A
Is your debit card <b><i>currently</i></b> in your possession?	YES	NO
Was the amount of the transaction less than \$25?	YES	NO
Are you familiar with this merchant?	YES	NO
Have you ever conducted business with this merchant before?	YES	NO
Did you ever provide the merchant with your debit card number?	YES	NO
Has <b><i>any</i></b> credit been applied to your account from this merchant?	YES	NO
Did you contact this merchant to dispute the charge in an effort to resolve this issue?	YES	NO

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

### Credit Union Only

Date card was blocked \_\_\_\_\_

Employee who took the report \_\_\_\_\_

Date resolved \_\_\_\_\_



## Debit Card Dispute Form

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Debit Card Number: \_\_\_\_\_

If a transaction appears on your statement that you believe is an error and you have been unable to resolve the situation with the merchant, please complete and sign a copy of this form and return to the credit union within 60 days of the transaction.

Transaction Amount: \$ \_\_\_\_\_

Dispute Amount: \$ \_\_\_\_\_

Amount Should Have Been \$ \_\_\_\_\_

Transaction Date: \_\_\_\_\_

Merchant Name: \_\_\_\_\_

I contacted the merchant on \_\_\_\_\_ (date) in an attempt to resolve this dispute.

Describe, in detail, the unauthorized transaction and what was done to resolve with the merchant.  
Dates, names, merchant's response.

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- ☐ I certify that the charge listed above was not made by me or a person authorized by me to use my card. In addition, neither I nor anyone authorized by me, received the goods or services represented by this charge.
- ☐ I have not received the merchandise that was to have been shipped to me. Expected date of delivery was \_\_\_\_\_ (date). I contacted the merchant on \_\_\_\_\_ (date) and the merchant's response was \_\_\_\_\_.
- ☐ I have returned merchandise on \_\_\_\_\_ (date) because \_\_\_\_\_.
- ☐ I have been billed an incorrect amount. My receipt shows \$\_\_\_\_\_. However, I was billed \$\_\_\_\_\_. (Please send a copy of your sales receipt.)
- ☐ I have been billed more than once for the same transaction. I authorized only one charge with the merchant for \$\_\_\_\_\_. (Please send a copy of your sales receipt.)
- ☐ I cancelled the subscription/membership/policy (circle one) which was charged to my account by the above referenced merchant on \_\_\_\_\_ (date). I cancelled the charge prior to the transaction date.
- ☐ I certify that I did not participate in nor authorize the above referenced transaction. I understand that no signed receipt is available from the merchant for verification purposes.
- ☐ Other-Describe Below

I, \_\_\_\_\_ understand that **should** a provisional credit post to my account for the above referenced amount and in the event the merchant is able to provide documentation that the transaction was authorized by me or I did not follow the terms and conditions of the merchant agreement, Nashville Post Office Credit Union will debit my account for the amount of the provisional credit.

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_