



Members 1<sup>st</sup> of NJ Federal Credit Union
ATM and Visa Debit Card Dispute Form

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Card Number: (16 digits) \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Mobile Phone: \_\_\_\_\_

Table with 3 columns: Date of Cardholder Discovered Loss, Date Cardholder Reported Loss to Credit Union, Date of First Fraudulent Transaction.

Select Type of Dispute (Check ONLY one)

I did not authorize this charge - I certify that I did not authorize or participate in this transaction with the above-mentioned merchant/ATM, nor did I authorize anyone else to use my card.

Card in possession

Card not in possession Date card missing: \_\_\_\_\_

Lost

Stolen Was law enforcement notified? Yes No

I was billed twice by the same merchant - Cardholder certifies one transaction is valid, but posted more than once. All cards issued to me are in my possession.

Valid Transaction: \$ \_\_\_\_\_ Post Date: \_\_\_\_\_

Invalid Transaction \$ \_\_\_\_\_ Post Date: \_\_\_\_\_

I returned the merchandise but no credit was given - You must attempt to return the merchandise prior to exercising this right.

Date merchandise returned: \_\_\_\_\_

I did not receive the merchandise - Please contact the merchant and notify us of the outcome.

Service Dispute (goods and services not received as requested) - Please describe the nature of your dispute and your attempts at resolution in the ADDITIONAL COMMENTS box on page 2.

ATM - No cash - Cash was not dispensed from the ATM machine.

ATM - Partial cash not received - Cash was dispensed from the ATM machine but not in the full amount requested. Amount requested: \$ \_\_\_\_\_ Amount received \$ \_\_\_\_\_

Other - Please enclose a detailed description in the ADDITIONAL COMMENTS box on page 2.

\*Please list each transaction on page 2.

Date	Merchant Name	Dollar Amount

**Additional Comments:**


*I certify that the charge above was not made by me or by a person authorized by me to use my card, nor were the goods or services represented by the above transaction received by myself or by a person authorized by me. I certify under penalty of perjury that the foregoing is true and correct.*

**Cardholder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Additional documentation may be required after review of your claim.

Please submit both pages of this dispute from to:  
**Mail:** Members 1<sup>st</sup> of NJ FCU  
 37 W. Landis Ave.  
 Vineland, NJ 08360  
**Fax:** 856-696-3579  
**Email:** [cardservices@membersonenj.org](mailto:cardservices@membersonenj.org)

Credit Union Use Only: Date submitted to Dispute Dept. _____ Emp. Initials: _____
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