



Members 1st 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.

