

DEBIT CARD DISPUTE FORM

Cardholder's Name: _____
Card Number (16 digits): _____ **Account Number:** _____
Home Phone: _____ **Cell Phone:** _____

Please complete the form and indicate the circumstance that applies to your dispute. Upon receipt, Navy Army will investigate promptly and issue provisional credit within **(10) business days**. An inadequate description may result in delayed provisional credit and may affect our ability to dispute the charge(s).

Select Type of Dispute (Check ONLY one)

- You did not authorize this charge/ATM withdrawal and believe the charge resulted due to lost, stolen, or fraud - **complete part 1**
- Failed ATM transaction (not lost/stolen) - **complete part 2**
- You did originally participate and/or have a relationship with this merchant - **complete part 3**

Part 1 Unauthorized use

I did not authorize this charge/ ATM withdrawal - I certify that I did not authorize or participate in this transaction, nor did I authorize anyone else to use my card. I understand my card will be cancelled and reissuance of a new card is at the sole discretion of Navy Army. Furthermore, I agree to assist with the investigation to include providing a police report if requested. I believe the transaction(s) occurred due to card:

Lost Stolen Fraud

Is the card still in your possession? Yes No

If no, when was the card discovered missing? _____

Have you ever allowed anyone to use the card? Yes No If yes, who? _____

Where was the last location the card was used by you? _____

Was the PIN/Secret Code number with the card? Yes No

Who else had knowledge of the PIN/Secret Code number? _____

Was a police report filed? Yes No Case # _____ Police Department: _____

Part 2 ATM failed transaction

- I attempted a withdrawal, but did not receive any funds.
- I attempted a withdrawal for \$ _____ and only received \$ _____
- Only one withdrawal was authorized and a duplicate withdrawal appears on my statement.
- I deposited \$ _____ and received credit for \$ _____
- I deposited \$ _____ and did not receive any credit.

Total cash deposit \$ _____ Total check(s) deposit \$ _____

Part 3 Dispute with merchant -Current/Previous Relationship with Merchant

Description of Service/Merchandise _____

Did you receive the Service/ Merchandise? Yes No Expected Date of Delivery: _____

Did you return the Merchandise? Yes No Date of Return: _____

Did you sign a contract? Yes No

Have you attempted to resolve your dispute with the merchant? Yes No

What date was the merchant contacted? _____

Who did you speak to? _____

Is the merchant going to issue any credit? Yes No (If yes, no action can be taken during the 30 day wait period)

Expected Date of Credit: _____

What was the merchant's response? **(Detailed explanation of dispute required)**

If applicable, please check the ONE category that best describes your dispute. Any requested documentation is required to process your claim (i.e. receipts, proof of return, etc.)

I was billed twice by the same merchant - Cardholder certifies one transaction is valid, but posted more than once.
Valid Transaction \$ _____ Post Date: _____

Invalid Transaction \$ _____ Post Date: _____

I returned the merchandise but merchant did not issue credit 30 days after merchandise was returned. *No action can be taken during the 30 day wait period.*

Date merchandise returned: _____ **Attach proof of return.**

I attempted to cancel. Select one below and **Attach copies of correspondence with merchant.**

The purchase was a canceled motel/hotel reservation.

Did you call and cancel within 24hrs? _____ If yes, cancellation# _____ (required)

Did you accept the room? _____
(Note: walking in and setting suite case down is considered accepting the room, no dispute rights)

The purchase was billed monthly. I cancelled my service on (specific date required): _____

The purchase was cancelled. My cancellation number is : _____

The purchase was paid by other means, but was still charged to my card. **Attach proof of payment.**

I did not receive the expected services. **Detailed explanation required.**

Transaction Date(s)	Disputed Amount	Merchant Name / ATM Transaction Trace #	Dispute # (CU Use Only)

I certify that the charge(s) 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 transactions received by myself or by a person authorized by me. I understand additional documentation may be required upon request and I agree to cooperate by responding promptly in order to keep the dispute active. I hereby certify under penalty of perjury that the foregoing is true and correct.

CARDHOLDER SIGNATURE: _____ DATE: _____

Please sign above and fax to 361-986-8086 along with any required supporting documents, or mail to P.O. Box 81349, Corpus Christi, TX 78468-1349