NavyArmy COMMUNITY CREDIT UNION
PO Box 81349
Corpus Christi, TX 78468-1349
361-986-4500
800-622-3631
www.navyarmyccu.com

SUBMIT

Federally Insured by NCUA
EQUAL HOUSING LENDER

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