NavyArmy
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EQUAL HOUSING LENDER
Federally Insured by NCUA

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, fraud, or unauthorized use - 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 ☐ Unauthorized use **(detailed explanation required below)**

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: _____

Additional room for explanation:

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 - Originally participated in transaction.

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

Did you sign a contract? ☐ Yes ☐ No

Who did you speak to? _____ What date was the merchant contacted?_____

Is the merchant going to issue any credit? ☐ Yes ☐ No Expected Date of Credit:_____

What was the merchant's response?

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 did not receive the merchandise. Expected receipt date: _____

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

☐ 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 received a credit slip from the merchant, however, credit has not been received. *No action can be taken for 30 days.* **Attach a copy of credit slip.**

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:*** _____

For credit union use

Statement taken by: _____ Date:_____