



Debit Card Dispute Form

Account No. _____ Card No. (last 4 digits) _____ Date _____

Cardholder Information:

Name _____
Last Name First Name Middle Initial

Address _____
Street City State ZIP

Phone No. _____ Email _____

Transaction / Error Details:

1. Date _____ Amt. \$ _____ Merchant _____ Location _____

Date loss discovered _____ Date reported to AltaOne _____ Did you authorize this transaction? Yes No
If yes, choose one:

Incorrect Amount. Enter the correct amount \$ _____ **Damaged or Lost Merchandise**
 Cancelled Subscription charge. Date of cancellation _____ **Other** (Please explain): _____

2. Date _____ Amt. \$ _____ Merchant _____ Location _____

Date loss discovered _____ Date reported to AltaOne _____ Did you authorize this transaction? Yes No
If yes, choose one:

Incorrect Amount. Enter the correct amount \$ _____ **Damaged or Lost Merchandise**
 Cancelled Subscription charge. Date of cancellation _____ **Other** (Please explain): _____

3. Date _____ Amt. \$ _____ Merchant _____ Location _____

Date loss discovered _____ Date reported to AltaOne _____ Did you authorize this transaction? Yes No
If yes, choose one:

Incorrect Amount. Enter the correct amount \$ _____ **Damaged or Lost Merchandise**
 Cancelled Subscription charge. Date of cancellation _____ **Other** (Please explain): _____

4. Date _____ Amt. \$ _____ Merchant _____ Location _____

Date loss discovered _____ Date reported to AltaOne _____ Did you authorize this transaction? Yes No
If yes, choose one:

Incorrect Amount. Enter the correct amount \$ _____ **Damaged or Lost Merchandise**
 Cancelled Subscription charge. Date of cancellation _____ **Other** (Please explain): _____

5. Date _____ Amt. \$ _____ Merchant _____ Location _____

Date loss discovered _____ Date reported to AltaOne _____ Did you authorize this transaction? Yes No
If yes, choose one:

Incorrect Amount. Enter the correct amount \$ _____ **Damaged or Lost Merchandise**
 Cancelled Subscription charge. Date of cancellation _____ **Other** (Please explain): _____

Details of Dispute: Describe the reasons for disputing the listed transaction(s). Let us know if the transaction happened without your knowledge or authorization. Include names and dates, if it was a recurring transaction, installment, or a one-time charge, and other necessary details. Provide copies of original receipts or confirmations, if available.

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

Actions Taken by Member to Resolve Dispute: For transaction disputes, describe the steps taken to resolve the dispute with the merchant. What date was the attempt made? What was the merchant's response? (MANDATORY for cases involving quality disputes, services not performed as expected, cancelled recurring payments and non-receipt of merchandise. For unauthorized transactions, the customer must contact the merchant if a phone number has been provided on the account statement.)

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

Cardholder Authorization:

INITIAL	<i>I understand that any person who knowingly and with intent to injure, defraud, or deceive any financial institution, files a statement of claim containing any false incomplete or misleading information, is guilty of a felony of the third degree and can be prosecuted for such.</i>
INITIAL	<i>I make this statement for the purpose of establishing the fraudulent use of my ATM or debit/credit card. I did not give, sell or trade my ATM or credit/debit card to anyone, nor did I give anyone permission to use my card(s). I have no knowledge that my spouse, child or relative is/may be involved in performing the transaction(s) indicated. I did not receive benefit from the unauthorized use of the card(s) in question.</i>
INITIAL	<i>I understand that it is my obligation to provide and/or fully execute all required information or forms, including Police Report as requested (for PIN based plastic claims), signed affidavit and valid government issued identification. If I fail to provide or execute the information required to make the claim, it will be denied; if I reported the alleged loss of funds by phone, I must provide/execute the required forms and ensure that they are received by my Financial Institution no later than 10 business days from the date that I reported the alleged loss of funds.</i>

Cardholder's Signature

Date

Return Form To:

FAX:
760-371-7050

Mail:
AltaOne Federal Credit Union
PO Box 1209
Ridgecrest, CA 93556

Email
esupportservices@altaone.net