



DEBIT CARD DISPUTE FORM

Cardholder Name: _____ Visa Card Number: _____

Transaction Amount: _____ Transaction Date: _____ Merchant: _____

Kindly indicate your request by completing the relevant section(s) and placing your initial in the box(es).

☐ **DUPLICATE BILLING**

I was charged more than once for a single authorized transaction.

(Transaction date & Transaction Amount are the same)

☐

☐ **POINT OF SALE DISCREPANCY**

My account was debited for a transaction that was declined at the Point of Sale Terminal.

(Please attach supporting documentation, such as a cash receipt or credit card transaction slip, as proof of payment.)

☐

☐ **ALTERNATE PAYMENT CONFIRMATION**

I have resolved this issue with the vendor. I have completed this transaction using a different payment method:

☐ Cash ☐ Cheque ☐ Another Card

(Please attach supporting documentation, such as a proof of order and proof of cancellation.)

☐

☐ **DISPUTED CHARGE - INCORRECT AMOUNT**

The amount charged to my card does not match the amount I authorized.

Please attach a copy of the transaction receipt that reflects the correct authorized amount.

☐

☐ **CANCELLED TRANSACTION**

I made a purchase and later cancelled the transaction, however a hold remains on my account.

(Please attach supporting documents such as proof of order and proof of cancellation.)

☐

☐ **ATM WITHDRAWAL DISCREPANCY**

☐ I attempted to withdraw cash from _____ Bank/Credit Union ATM located at _____
but no cash was dispensed. (Please attach a copy of the ATM receipt.)

☐ I received only \$ _____ from the ATM, but my account was debited for \$ _____.

☐

☐ **OTHER**

Member's Declaration:

I hereby declare that all information provided above is true and correct to the best of my knowledge. Should the dispute be found invalid the National Co-operative Credit Union reserves the right to reverse any temporary credit given in regard to this query. I understand that the investigation may take up to 90 days for resolution.

Member's Signature

Phone Number

Email

Date

FOR OFFICE USE ONLY

Date Received

Received By

Effected By

Reviewed & Verified by: _____
Name & Signature

Date