

ATM/Debit Card Dispute Affidavit

BEFORE DISPUTING CHARGE, THE CARDHOLDER MUST MAKE EVERY EFFORT TO RESOLVE THE DISPUTE WITH THE MERCHANT.

Part 1: Cardholder Information

Cardholder Name: _____

Visa Debit Account Number: _____ Member Number: _____

Home Phone: _____ Work Phone: _____ Cell: _____ Email: _____

Persons I have made my ATM/Debit card or PIN available to:

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

Part 2: Description of Dispute - Required

Please carefully read each of the following descriptions and check the most appropriate situation that fits your particular dispute. This form must be filled out completely by the card holder and mailed or faxed to **Union Settlement Federal Credit Union within 60 calendar days from the statement date when the transaction first occurred.**

Card Status: Lost Stolen Still in Cardholder's Possession

Date Loss Discovered: _____ Date Loss Reported to Credit Union: _____ Date of Charge: _____

I notified the Credit Union by Phone Visit the Branch Mail

Date Unauthorized Transaction Discovered: _____ Date Loss Reported to Credit Union: _____ Date of Charge: _____

I notified the Credit Union by Phone Visit the Branch Mail

Amount Charged: \$ _____ Company/Merchant Name: _____

Amount Charged: \$ _____ Company/Merchant Name: _____

Amount Charged: \$ _____ Company/Merchant Name: _____

When was the last time you used your ATM/Debit card? Date: _____ Time: _____

Transaction Type: _____ Location: _____

Merchant: _____

Law Enforcement notified? Yes No If yes, Agency _____ Case No. _____

1. Did Not Recognize Transaction

When did the Cardholder contact the merchant? _____

What was the outcome of the merchant contact?

2. Duplicate Transaction. Only one sale was authorized. The amount in question is a duplicate of a sale, which was charged to cardholder's account on _____. (A copy of bank statement with transaction in question circled is REQUIRED)

3. Authorization Was Granted, However:

- Did Not Receive Merchandise
- Merchandise was Returned
- Overcharged for Merchandise

Please explain: (Merchant Contact Outcome, Dates, Documentation, etc.).

4. Membership/Contract Cancellation. Please enclose a copy of the letter, e-mail, or fax requesting cancellation. When did the cardholder contact the merchant? _____

Reason for cancellation? _____

Date of cancellation? _____ Cancellation Number: _____

Were You Advised of a Cancellation Policy? Yes No

If Yes, What were you told? _____

5. Other: Please give a **DETAILED** description. Please explain:

Part 3: Cardholder Affidavit and Authorization

This affidavit is made for submission to the Union Settlement Federal Credit Union for use as part of its investigation of my claim that my account (s) should not be debited for the transactions listed above. I hereby authorize Credit Union investigators and law enforcement officials to investigate all circumstances concerning these transactions. I have marked the applicable reason for the disputed transaction(s) and have supplied copies of all required documentation. I have attached any documentation supporting my claim (i.e. police reports).

The transaction(s) described above/attached were not originated with fraudulent intent by me or any person acting on my behalf. I neither conducted, authorized, nor benefited from this/these transaction(s). I give my consent to the Union Settlement Federal Credit Union to release any information regarding my card and/or card account to any law enforcement officials to investigate all circumstances concerning this/these transactions(s).

I am aware that improperly obtaining funds from Union Settlement Federal Credit Union by fraudulent use of an ATM/Debit card may constitute a federal criminal offense, punishable by imprisonment and/or a fine, and that any false statements made in this affidavit or to any Bank investigator or law enforcement official in connection with an investigation may constitute evidence of such a crime. **I agree I will cooperate in the persecution of the person(s) improperly using my card.** I certify under penalty of perjury that all of the statements I have made in this affidavit are true and correct.

Cardholder Signature: _____ Date: _____

Joint Cardholder Signature: _____ Date: _____

Please attach any documentation supporting your claim (bank statements, police reports, etc).

Acknowledgement

State of _____

County of _____

On this the _____ day of _____, 20____,

before me, _____

Known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness where of I here unto set my hand.

_____ (Seal)

Notary Public

UNION SETTLEMENT FEDERAL CREDIT UNION has (10) business days, after initial member contact, to investigate dispute and to make any adjustments. If Credit Union requires more time, the member's account will be credited for the disputed amount and the investigation can continue up to (45) calendar days after initial member contact of dispute. If the transaction is found to be authorized and is not considered fraud, the provisional credit may be reversed. Above member signature is acknowledgment of this disclosure.

By Mail:

Union Settlement Federal Credit Union
237 East 104th Street, 1st Floor
New York, NY 10029
Attention: ATM/DEBIT Card Dispute

By Fax:

212-828-6064

Questions?

Please Call 1-212-828-6062/1/0
8:30 a.m. to 4:00 pm, Monday thru Friday to assist you

CU Use Only: Received by USFCU: _____ Date: _____
Entered in Client Central by: _____ Date Entered on Client Central: _____