

HealthShare Credit Union

Dispute For ATM/ Debit-Fraud

Page _____ of _____

Member Information

Card Holder Name: _____ Phone Number: _____

Address City, State Zip: _____

Card Number: _____

Transaction Detail

ATM did not Dispense Funds Other: _____

ATM Dispense Partial Funds: Received \$ _____ Requested \$ _____ Paid by Other Means

Canceled Transaction/Service: Date Canceled: _____ Quality Issue: Detailed Description Below

Credit not received Unauthorized Transaction

Date Attempted to Resolve with Merchant: _____

Duplicate processing

Incorrect Transaction Amount: Transaction Posted for \$ _____ but, should have posted for \$ _____

Merchandise not Received: Expected Date for Delivery _____ Detailed Description Below

Merchandise Returned: Returned Date _____ and Method _____ Detailed Description Below

At the time of the transactions. Where was the physical card?

In Possession

Lost/Stolen

Disputed Transaction

Each dispute transaction must appear below. Use additional pages if necessary.

Date: _____ Merchant Name: _____ Transaction Amount \$ _____

Date: _____ Merchant Name: _____ Transaction Amount \$ _____

Date: _____ Merchant Name: _____ Transaction Amount \$ _____

Date: _____ Merchant Name: _____ Transaction Amount \$ _____

Date: _____ Merchant Name: _____ Transaction Amount \$ _____

Member Explanation

Explain in detail why charges are being disputed. Use additional page if necessary.

Card Holder Signature: _____

Date: _____