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ATM/DEBIT CARD DISPUTE INSTRUCTIONS

Dear Member:

Attached you will find the following forms:

- Notification of Dispute – ATM/DEBIT Card
- Notification of Fraudulent Transactions
- Cardholder Dispute Form
- Plastic Card Affirmation

If you have multiple transactions that you are disputing, please put the total of all transactions on the “Notification of Dispute” form and list each individual transaction on the “Notification of Fraudulent Transaction” form.

In order to receive a new ATM/DEBIT Card, the Plastic Card Affirmation form must be completed and returned.

In order to secure your rights, please file a police report and provide the report number to us as soon as possible.

Should you have any questions, please feel free to contact any of our branch offices for assistance.

Sincerely,

Member Services

Cardholder Dispute Letter/Plastic Card Affirmation

Name: _____ Home/Cell Phone: _____
 Street Address: _____ Work Phone: _____
 City, State, Zip: _____ Email: _____
 Card Number: _____ EMV Chip Card? Yes No

Type of Loss: Lost Stolen Misplaced Card not working Other
 Card was in my possession at the time the transaction(s) occurred.

I have examined the charge(s) on my account and question the following transaction(s):

Merchant Name:	Amount:	Transaction Date:

I have listed additional disputes on page 4 of this form.

The following selection explains my dispute. Select only **one** box to indicate this is either a non-fraud or fraud dispute.

NON-FRAUD DISPUTE – CARDHOLDER IS REQUIRED TO ATTEMPT TO CONTACT THE MERCHANT TO REMEDY DISPUTE

- I certify that the ATM machine did not dispense cash. Enclosed is a copy of the receipt.
- I certify that the Deposit I made was never credited to my account. Enclosed is a copy of the receipt.
- I certify the amount deposited differs from the actual amount of deposit. Enclosed is a copy of the receipt.
- I certify that I participated in the above transaction but have not received the merchandise or service. I purchased: _____
 Provide details about the merchandise or service you expected to receive, the expected date of delivery, and any attempts to resolve the matter with the merchant in the **Additional Details** area of this form.
- I certify that I participated in the above transaction but returned the merchandise or canceled services on _____(date) per the merchant’s instructions and have not received credit. Merchant cancelation policies may apply. Provide full details in the **Additional Details** area of this form.
- I contacted the merchant on _____(date) and cancelled the monthly recurring transaction. Merchant cancelation policies may apply. Provide full details in the **Additional Details** area of this form.
- I received a price adjustment (credit slip) on the above transaction, and it has not appeared on my statement. I have included a copy of the credit slip.
- I certify that only one transaction was made with the merchant listed above. On my statement, the same merchant has processed a second (or more) charge to my account. The authorized amount is _____ and date it was authorized is _____.
- I certify that this transaction was paid by other means. Proof of payment by other means must be provided.
- I certify that an incorrect amount was processed by the merchant. The correct amount is _____. Proof

of correct amount must be provided.

The merchandise/service I received is defective or damaged. It was the correct merchandise/service but not able to be used as intended. Describe in the **Additional Details** area the purchase and the defect or damage that is preventing its proper use. Provide any information relating to attempts to contact the merchant to return or correct the merchandise/service, and the merchant’s response.

The merchandise/service was not as described or different than purchased. The merchandise/service was materially different from what was purchased. Describe in the **Additional Details** area the purchase and how it differs from what was received, e.g., color/size/different item. Counterfeit claims need to be supported by expert opinion. Provide any information relating to attempts to contact the merchant to return or correct the merchandise/service, and the merchant’s response to the request.

Attempt to Resolve Information

In dispute cases *except* those related to fraud-type disputes, you are required to attempt to resolve the dispute with the merchant prior to filing a dispute. If no attempt is made for a consumer-type dispute, the dispute becomes invalid. Describe your attempt to resolve here.

- I have attempted to resolve with the merchant. Yes No
- Date of contact: _____
- Contact method: Telephone E-mail In-person Other – Describe in **Additional Details**
- Merchant’s response:

- If no attempt, why not?

FRAUD DISPUTE – CARDHOLDER IS NOT REQUIRED TO ATTEMPT TO CONTACT MERCHANT

I certify that the charge(s) was (were) 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 transaction received by myself or by a person authorized by me. **Card will be blocked.**

Additional Details:

I understand if I use said card(s) after reported lost or stolen, I will be liable for recovery fees. I realize that there is a \$10.00 per card replacement fee.

I, the holder of the ATM/VISA Debit do hereby affirm that the above information is true and correct.

Cardholder Signature _____ **Date:** _____



This Form Only Needs to be Completed If
Transactions Total **\$250.00** or More

Cardholder Dispute Form

Fraudulent Use of a Credit Card, Debit Card, or ATM Card

Cardholder Information

Cardholder Name		Home/Cell Phone ()	Work Phone ()
Mailing Address	Street	City	State ZIP
Card Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Card Number	Number of Cards Issued	
Type of Card: <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card	At the Time of the Fraudulent Transactions, Card was: <input type="checkbox"/> In Member's Possession <input type="checkbox"/> Lost <input type="checkbox"/> Never Received <input type="checkbox"/> Stolen	Was law enforcement notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Cardholder Discovered Loss	Date Cardholder Reported Loss to Credit Union/Processor	Date of First Fraudulent Transaction	

- This Cardholder Dispute Form is completed for the purpose of establishing the fraudulent use of a Credit/Debit/ATM card(s).
- Member did not give, sell, or trade card(s) to anyone nor did they give anyone permission to use the card(s).
- Member has no knowledge that their spouse or minor child(ren) made any transaction(s) on or after the date of the first fraudulent transaction indicated above.
- Member did not receive any benefit from the unauthorized use of the Credit/Debit/ATM card(s).
- Member did not use card nor authorize the use of card by anyone else after the unauthorized use of the card was discovered.
- Member examined all of the unauthorized transactions and in each instance, did not originate the transaction nor authorize it.
- Further, member did not receive proceeds or benefits from any of those transactions.

Total amount of unauthorized transactions (itemized below and on the back of this page): \$ _____

Name and Address of Unauthorized User (if known)

Unauthorized Transactions See Attached Listing

Comments:

Employee Name

Branch

Teller #

Date