

## Debit Card/ATM Dispute Form

Date \_\_\_\_\_

Member Name \_\_\_\_\_

Member # \_\_\_\_\_

Card # \_\_\_\_\_

I did not authorize the following transactions:

Transaction Amount	Date of Transaction	Merchant
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Transaction Amount	Date of Transaction	Merchant
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Transaction Amount	Date of Transaction	Merchant
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Transaction Amount	Date of Transaction	Merchant
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Transaction Amount	Date of Transaction	Merchant
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Transaction Amount	Date of Transaction	Merchant
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Transaction Amount	Date of Transaction	Merchant
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Transaction Amount	Date of Transaction	Merchant
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Transaction Amount	Date of Transaction	Merchant
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Was the card in your possession at the time of the transaction(s)? \_\_\_\_\_

\_\_\_\_\_  
Signature

