

Catholic and Community Credit Union
1109 Hartman Lane
Shiloh, IL 62226

ATTN: Sam or Catlin
618-233-8073

DEBIT CARD DISPUTE FORM

Cardholder's Name: _____

Card Number (16 Digits): _____ Account Number: _____

Daytime Contact Number: _____ Email: _____

Preferred method of contact: (circle one) **PHONE** **EMAIL**

Please complete the form and indicate the circumstance that applies to your dispute. Upon receipt, Catholic and Community will investigate promptly and issue provisional credit within **(10) business days**. An inadequate description may result in delayed provisional credit and may affect our ability to dispute the charge(s).

Select Type of Dispute (**Check ONLY one**)

- You did not authorize this charge/ ATM withdrawal and believe the charge resulted due to Lost, Stolen, or Fraud- **Complete Part 1**
- Failed ATM transaction (NOT lost/stolen)- **Complete Part 2**
- You did originally participate and/or have a relationship with this merchant- **Complete Part 3**

Part 1 Unauthorized Use

I did not authorize this charge/ ATM withdrawal- I certify that I did not authorize or participate in this transaction, nor did I authorize anyone else to use my card. I understand my card will be canceled and reissuance of a new card is at the sole discretion of Catholic and Community. Furthermore, I agree to assist in the investigation to include providing a police report if requested. I believe the transaction(s) occurred due to card: (circle one)

LOST STOLEN FRAUD

Is the card still in your possession? (circle one) **YES** **NO**

If No, when was the card discovered missing? _____

Have you ever allowed anyone to use the card? (circle one) **YES** **NO**

If Yes, who? _____

Where was the last location that the card was used by you? _____

Was the PIN with the card? (circle one) **YES** **NO**

Who else had knowledge of your PIN? _____

Optional:

Was a police report Filed? (circle one) **YES** **NO**

Case# _____ Police Department: _____

Part 2 ATM Failed Transaction

- I attempted a withdrawal, but did not receive any funds.
- I attempted a withdrawal for \$ _____ and only received \$ _____

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- Only one withdrawal was authorized and a duplicate withdrawal appears on my statement.

Part 3 Dispute with Merchant-Current/ Previous Relationship with Merchant

Description of Service/ Merchandise _____

Did you receive the Service/ Merchandise? (circle one) **YES** **NO**

Expected date of delivery: _____

Did you return the merchandise? (circle one) **YES** **NO** Return Date: _____

Did you sign a contract? (circle one) **YES** **NO**

Have you attempted to resolve your dispute with the merchant? (circle one) **YES** **NO**

What date was the Merchant contacted? _____

Who did you speak with? _____

Is the merchant going to issue any credit? (circle one) **YES** **NO** (If yes, no action can be taken during the 30 day wait period)

Expected date of credit: _____

What was the merchant's response? **(Detailed explanation of dispute required)**

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If applicable, please check ONE category that best describes your dispute. Any requested documentation is required to process your claim (i.e. receipts, proof of return, ETC.)

- I was billed twice by the same merchant- Cardholder certifies one transaction is valid, but posted more than once.

Valid Transaction \$ _____ Post Date: _____

Invalid Transaction \$ _____ Post Date: _____

- I returned the merchandise but the merchant did not issue credit 30 Days after Merchandise was returned. *No action can be taken during the 30 Day wait period.*

Date Merchandise was returned: _____ **Attach proof of return.**

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- I attempted to cancel. Select one below and **Attach copies of correspondence with merchant.**
 - The purchase was a cancelled Motel/Hotel reservation.
 - Did you Call and Cancel within 24hrs? _____
 - If yes, Cancellation # _____ (Required)
 - Did you accept the Room? _____
 (Note: Walking in and setting suite case down is considered accepting the room, no dispute rights)
 - The purchase was billed monthly. I cancelled my service on (specific date required): _____
 - The purchase was cancelled. My Cancellation number is: _____
- The Purchase was paid by other means, but was still charged to my card. **Attach proof of other payment.**
- I did not receive the expected services. **Detailed explanation required**

Transaction Dates	Disputed Amount	Merchant name ATM Location	Date Disputed (CU Use only)

I certify that the charge(s) above was not made by me or by a person authorized by me to use my card, nor were the good or services represented by the above transactions received by myself or by a person authorized by me. I understand additional documentation may be required upon receipt and I agree to cooperate by responding promptly in order to keep the dispute active. I hereby certify under penalty of perjury that the forgoing is true and correct.

CARDHOLDER SIGNATURE: _____ DATE: _____