



CARDHOLDER STATEMENT – ATM CHARGE / MERCHANT DISPUTE

Member Name: _____ Phone Number: _____
 Member Number: _____ Address: _____
 Card Number: _____ City, State, Zip Code: _____

Type of Card: (check one) ATM Debit Credit/HELOC

Type of Account: (check one) Savings Checking Credit/HELOC

Have you given your card and/or PIN to anyone else to make purchases or withdrawals? Yes* or No (check one)

*If Yes is chosen, include explanation on **Written Statement of Facts** section.

MERCHANT DISPUTE

I wish to dispute the charge for the reason listed below:

- The merchant continues to charge my account. I canceled the service/product on _____
 Cancellation date for order (if applicable): _____
 Expected delivery date of merchandise: _____
 What was purchased: _____
- I did not receive the item or service I ordered.
- I returned the item on _____ and received no refund as of today. (Include proof of return/receipt)
- The merchandise was not as described. (Include explanation on **Written Statement of Facts** section)
- I paid for the transaction by an alternative method. (Include proof of payment)
- Duplicate Charge
- The amount charged to my account is incorrect. (Include explanation on **Written Statement of Facts** section)
- Other (Include explanation on **Written Statement of Facts** section)

ATM ERROR OR MALFUNCTION

I participated in this transaction. However:

- I made an ATM withdrawal in the amount of \$ _____, but instead received \$ _____.
- I made an ATM Cash Check(s) deposit of \$ _____, but instead received credit of \$ _____.

If cash was deposited, list the denominations in the **Written Statement of Facts** section.

If multiple checks were deposited, list the check amount(s) in the **Written Statement of Facts** section.

**Copy of ATM receipt is required, if one was provided.*

TRANSACTION INFORMATION

Regardless of claim (merchant dispute and/or ATM error/malfunction), please list the transaction(s) below.

DATE/TIME	MERCHANT/ATM LOCATION/ADDRESS	AMOUNT

WRITTEN STATEMENT OF FACTS

To the best of your knowledge, please provide a detailed description of your claim.

Regarding a merchant claim, American First Credit Union (AFCU) can assist you with a dispute once you have contacted the merchant to resolve the issue. Mastercard requires that any dispute be resolved with the merchant first. If your dispute is not resolved with the merchant, AFCU may be able to assist you. Along with the required information below, describe the attempt to resolve the dispute with the merchant and provide any communications with merchant below. Please attach any related documentation needed to support your dispute.

Date Merchant Contacted: _____ Phone Number: _____

Representative's Name: _____ Title: _____

SIGNATURE

I authorize American First Credit Union to release any information regarding my card and/or card account to any state and/or federal law enforcement agency so that the information can be used in the investigation and/or prosecution of any person(s) that may be responsible for the transaction involving my card and/or card account. I certify that this cardholder dispute form is true and accurate, and that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

Member Signature: _____ Date: _____

<u>CREDIT UNION USE ONLY</u>		
Received By: _____	<input type="checkbox"/> Prism	Processed By: _____ Card Blocked: <input type="checkbox"/> Yes <input type="checkbox"/> No