



DEBIT CARD DISPUTE FAX COVER SHEET

To: Debit Services Dept.

Fax #: (909) 948-2681 Rancho Cucamonga CA

Number of pages (including Cover Sheet):

[1] Credit Union Name: _____

Credit Union Contact Name: _____

E- Mail Address: _____

Phone #: (____) _____ Ext: _____ Fax #: (____) _____

Card Number: - - -

Exp. Date: (MM/YY) _____

Member Name: _____

[2] DISPUTED ITEMS(s) Total Number of Disputed Charges

Single Dispute Amount:
Please complete fields below

Multiple Dispute Amounts
Please provide details on next page

<u>Auth Date</u>	<u>Settle Date</u>	<u>Merchant Name</u>	<u>Dollar Amount</u>
_____	_____	_____	\$ _____

[3] ACTION REQUESTED (Check One):

- Cardholder Dispute – Process chargebacks as allowed under MasterCard Rules
- Credit Union Dispute – Process chargebacks as allowed under MasterCard Rules
- Request Salesdraft Only
- Report Fraud Only.

[4] UNAUTHORIZED USE OF CARD

If transaction(s) is unauthorized, please indicate status of card (check one):

Card Lost Stolen Card still in Accountholder's possession.

If cardholder still in possession of card, is counterfeit card use suspected?

- Yes
- No

For Fraudulent Transaction(s), has card been blocked?

Yes, Date Blocked _____ Region Blocked: U.S.
 No International

NOTE: If blocked for an International Region, please provide screen print of entry into E.F.U. with claim.

[5] Other Comments:
