CONSUMERS FEDERAL CREDIT UNION **serving our membership since 1965**
425 Neptune Avenue, Brooklyn, NY 11224 www.consumersfcu.org
4177 Merrick Road, Massapequa, NY 11758
Phone (718)266-2204 Fax (718) 266-1976

ATM & Debit Card Dispute

Member Number:	Daytime Phone:
First Name:	Last Name:
Debit Card Number:	Email:

State of _____; I, _____, depose and say that I have examined the attached statement or other notification from Consumers Federal Credit Union indicating that the card debit entry(ies) listed below was/were not made by me or anyone authorized by me.

Date of Transaction(s):	Amount of Transaction(s):	Merchant(s):
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____

*Provide any documentation supporting your claim (i.e. sale contract, copy of a sale receipt, statement listing transaction, etc.)

I Further Certify that (check as many as applicable):

- ☐ The transaction(s) listed on this form is (are) unauthorized.
- ☐ I did not give my Personal Identification Number (PIN) to anyone.
- ☐ I gave the card indicated above to _____on ___/___/_____ whose address is _____. (Provide additional information below)
- ☐ I had possession of my (PIN) at the time the described transaction(s) took place.
- ☐ I am disputing a transaction with the above listed merchant AND contacted the merchant to request a refund or adjustment.(Explain below)
- ☐ I cancelled a reservation with a merchant within the guidelines set by the merchant and agreed to by me at the time the reservation was initiated, but was still charged. My cancellation number is: _____.
- ☐ The amount I authorized and signed for is different than what was deducted from my account and I do not expect a credit to be issued by the merchant.

Do you still possess the card? ___Yes ___No, if no, you learned that the card was lost/stolen on ___/___/___. The loss/theft was reported to Consumer Federal Credit Union on ___/___/___.

Explanation of Dispute/Additional Information:

_____
_____
_____
_____
_____
_____
_____
_____
_____

Disclosure Information: If we have provisionally credited your account, we have not been able to complete our investigation of the transaction in question within the time period provided by law. Therefore, we have credited your account for the amount in question while reserving the right to reverse the credit should we determine after the completion of our investigation that no error has occurred. Furthermore, if we determine that no error has occurred you will be notified of the date and amount of any debit we make to reverse the provisional credit. If we determine that an error has occurred, you will be notified that the provisional credit has been made final. In either event, we will complete our investigation within 45 days of your reporting the error to us; if it is a new account or the transaction was initiated outside the United States of America or was a result of a point-of-sale debit card transaction, we will complete our investigation within 90 days. If the claim was received verbally, it is required that you provide Consumers Federal Credit Union with your name, member number, card number, and a detailed description of the transaction(s) in writing within ten (10) business days of the date the dispute was initially submitted. . Please note that because the listed transaction(s) was (were) unauthorized, your card will be closed and a new card will not be issued until this investigation has concluded. **Credit will NOT be issued if Consumers does not receive the claim in writing in addition to the verbal dispute.**

I further state that the debit transaction(s) was/were not originated with fraudulent intent by me or any person acting in concert with me, I have not received any benefit from the transactions, and that the signature below is my own proper signature. **I certify under penalty and perjury that the foregoing and all other statements made by me in this dispute is true and correct.**

Signature: _____ Date: _____