

Debit/ATM Card Transaction Dispute Form

Case Number (CU use only)	

Name		Card Number		Account Number			
Phone Number		Police Report Number (if applicable)	1	Date Cardholder Discovered Loss			
At the time of the fraudulent	t transaction, my card wa	ns:					
In my possession	. managonon, my oure me	Lost Date/	Stolen	Never received			
		e same location as the card? Yes	☐ No				
Did you authorize anyone to							
If multiple reasons for the d	ispute, please list the let	ter of the reason code next to each tran	saction below:				
Date of Transaction		Merchant Name		Amount	Reason Code*	Pin or Signature (to be completed by PCU emp)	
						Pin Sig 🗌	
						Pin Sig	
						Pin Sig S	
						Pin Sig S	
						Pin Sig S	
						Pin Sig Sig	
If more space is needed, attac	h a senarate sheet of na	ner					
Important: Before disputing a charge, you must make every effort to resolve the dispute with the merchant. *Reason codes listed below: A. Unauthorized ATM withdrawal or point of sale transaction - Neither I nor any person authorized by me to use my card entered into the transaction (s) listed above. In addition, neither							
•		eceived any goods or services represent	-				
		nor any person authorized by me to use loods or services represented by this tra		I INTO THE TRANSACTI	on (s) listed above. In	addition, neither i nor anyone	
C. Unrecognized - Neither I nor any person authorized by me to use my card recognizes the transaction(s). I need additional information to determine if the transaction is or the transactions are valid.							
D. Cancel Recurring Charge - I originally cancelled with this merchant on/ The merchant billed my account after the cancellation date; therefore, I requested credit from the merchant on/							
□ E. Merchandise Returned or Canceled - I have (select one) □ returned the merchandise □ cancelled the merchandise on//							
merchant intended to r	refund to your account)						
F. Merchandise not received on/	ved - I have not received t	the merchandise the merchant should h	ave shipped to n	ne. Expected date o	f delivery was/_	/ I contacted the merchant	
		he amount of \$; however, t hat should have been posted to my acco		mount was \$	Enclosed is a	copy of the sales receipt and/or other	
		er certifies one transaction is valid, but p			sued to me are in my p	ossession.	
☐ I. Charged for a hotel roor	n which I cancelled — Ca	ncellation number (required)	Canc	el Date//_			
J. Other - Attach a letter o	describing the dispute.						
		Signature		Date			

To return this form by fax, please use: (650) 508-7205 or (650)508-7275