InFirst Federal Credit Union
Phone: 703.914.8700 / 540.986.0652
Fax: 703.245.0540
infirstfcu.org

Visa Debit/ATM Cardholder Dispute Form

Email: memberservices@infirstfcu.org

Complete this form if you are disputing a Visa Debit Card or an ATM transaction appearing on your statement, including transactions that are a result of fraud. If the card was used fraudulently, it will be immediately deactivated, and a new card will be ordered. You must submit this form to us within 60 days of the date the statement is transmitted. If you report a disputed transaction to us verbally, you are required to complete and return this form within 10 business days of the date of your verbal dispute report. You will be informed of this requirement and the return address for the completed form at the time of your verbal dispute. You may send the completed form to us by email: memberservices@infirstfcu.org, mail: InFirst FCU, PO Box 11263, Alexandria, VA 22312, or fax: 703.245.0540.
Please note: If written confirmation is not received within 10 business days, we may not be able to complete the investigation or provisionally credit your account.

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY

Contact Information:

Name:

Account Number:

Phone Number: (H) (C) (W)

Card Number (16 digits):

Status of Visa Debit/ATM Card:

My Card is/was:

- ☐ In my possession
- ☐ Lost
- ☐ Never Received
- ☐ Stolen

Disputed Transaction(s):

Transaction Date	Transaction Amount	Amount Disputed	Merchant Name
	$ 0.00	$ 0.00	

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Type of Dispute

☐ **Unauthorized ATM withdrawal.** The ATM withdrawal listed was not made by me or a person authorized by me to use my card.

☐ **Unauthorized debit transaction.** The charge listed was not made by me or a person authorized by me to use my card. In addition, neither I, nor anyone authorized by me, received the goods or services represented by this charge.

☐ **Duplicate transaction.** The transaction was posted two or more times to the account. Only one charge was authorized. I contacted the merchant on and the merchant's response was

☐ **I was overcharged for the purchase.** Please attach a copy of the original transaction receipt and any credit transaction receipt.

☐ **Cancellation.** I canceled the subscription/membership/policy/reservation (circle one), which was charged to my account by the above-referenced merchant on ☐ was ☐ was not (check one) informed of the cancellation policy when I authorized the charge. The reason I canceled was:
The cancellation number is . If you do not have a cancellation number, please provide a copy of the letter, email, or fax requesting cancellation.

☐ **I did not receive the merchandise.** I have not received the merchandise that was expected to be delivered or picked up on . I contacted the merchant on and the merchant's response was:

☐ **Merchandise was returned.** I returned the merchandise on because
I contacted the merchant on and the merchant's response was:
Please attach proof of return.

☐ **Credit did not post to my account.** I was issued a credit for on , which did not appear on my statement. Please attach a copy of the original transaction as well as the credit receipt.

☐ **Paid by other means.** Please provide a copy of the cash receipt, or the front and back of your canceled check, or a copy of your statement if another card was used.

☐ **Credit posted as a sale.** Please attach a copy of the original and any credit transaction receipt.

☐ **Other.** Please describe the reason for the dispute and include what attempts have been made to contact the merchant and resolve the dispute.

I/we understand that InFirst Federal Credit Union investigates alleged fraudulent or unauthorized ATM/Debit Card usage and may refer the same to the appropriate law enforcement agency. I/we give consent to the credit union to release any information regarding my card and/or card account to any local, state and/or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my card account. I swear this affidavit is true and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

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Cardholder Signature **Date**