



450 Rt. 8 Maite, Guam 96910
 T 671.477.8736 F 671.477.1155
 coast360fcu.com

CARD TRANSACTION DISPUTE NOTIFICATION

DISPUTE TYPE: ATM Debit Card Credit Card

SECTION 1 - MEMBER INFORMATION

Member Name _____ Member Number _____
 Email Address _____ Card Number _____
 Best Phone Number to Contact Me (_____) _____ or (_____) _____

SECTION 2 - DISPUTED TRANSACTION(S)

Date	Transaction Description	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total Amount		\$

_____ Initial here if disputing additional transactions and complete Section 5.

SECTION 3 - DISPUTE REASON

ATM Withdrawal Error

- I attempted to withdraw \$ _____ but I received \$ _____.
- Attach a copy of receipt, if available.

ATM Deposit Error

- Deposit type: Cash Check
- I attempted to deposit \$ _____ but I received credit for \$ _____.
- Attach a copy of receipt, if available.

Unauthorized transaction(s) resulting from: **Fraud** **Lost card** **Stolen card**

- I certify that the transaction(s) was not made or authorized by me; and that I did not receive any goods or services represented by the transaction(s). I acknowledge that my card will be captured and will not be available for my use, to proceed with this dispute request.
- Date I became aware of charge(s) _____

YES NO

- Is the card in your possession? (If no, date card was discovered lost/stolen?) _____
- Have you authorized another person to use your card? (If yes, who?) _____
- Was the PIN shared with anyone? (If yes, who?) _____
- Can you identify the person who may have conducted the transaction(s)? (If yes, who?) _____
- Optional:** Was a police report filed? (If yes, what is the case number?) _____

- In Section 4 – provide a detailed explanation



450 Rt. 8 Maite, Guam 96910
 T 671.477.8736 F 671.477.1155
 coast360fcu.com

CARD TRANSACTION DISPUTE NOTIFICATION

Duplicate Transaction

- I was charged more than once for the same transaction.
- Attach copy of receipt, if available.

Billed Incorrect Amount

- The correct amount is \$ _____
- Requires proof of correct amount, such as a copy of receipt, invoice, or rental agreement.

Cancelled Transaction

- I cancelled the transaction with the merchant on _____
- Requires proof of cancellation such as emails, confirmation number, or certified letter receipt.

Merchandise / Service Received was Damaged, Defective, or Not as Described

- I received the merchandise or service but it was (select one)
 - damaged defective not as described
- In Section 4 – provide a detailed explanation:
 - Indicate specific details of product/service ordered and what was received.
 - Describe your efforts to resolve with the merchant.
- If merchandise was returned, indicate return date: _____
- Provide documents such as purchase confirmation, emails, texts, tracking numbers, merchant responses, etc. to support your claim.
- Additional information may be required.

Declined but Was Still Charged

- The transaction declined with the merchant, but was still charged.
- Attach copy of receipt, if available.

Paid by Other Means

- I used another form of payment.
- Requires proof of other payment, such as a copy of receipt or a cancelled check.

Cancellation of Recurring Charges

- Date membership/agreement was cancelled: _____
- Requires proof of cancellation such as emails, confirmation number, or certified letter receipt.

Merchandise / Service / Credit was Not Received

- Expected delivery date or date of service: _____
- In Section 4 – provide a detailed explanation:
 - Indicate specific details of product/service ordered
 - Describe your efforts to resolve with the merchant.
- Provide documents such as purchase confirmation, emails, texts, tracking numbers, merchant responses, etc. to support your claim.
- Additional information may be required.

SECTION 4 - DETAILED EXPLANATION

Member Signature: _____ **Date:** _____

FOR CREDIT UNION USE ONLY

MEMBER CENTER	SUPPORT SERVICES
<input type="checkbox"/> MAITE <input type="checkbox"/> DEDEDO <input type="checkbox"/> TAMUNING <input type="checkbox"/> CONTACT CENTER RECEIVED BY: _____ DATE: _____ NOTIFICATION TYPE: <input type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN	RECEIVED BY: _____ DATE: _____ PROCESSED BY: _____ DATE: _____ REVIEWED BY: _____ DATE: _____
CARD CAPTURED DATE: _____ (UNAUTHORIZED TRANSACTIONS)	

