



P.O. Box 1160 • Linden, New Jersey 07036
Phone: 908-862-6966

Debit Card (EFT) Dispute Form

Cardholder Name: _____

Card Number (16 Digits): _____

Telephone Number: _____ Email Address: _____

Date of Transaction	Merchant Name	Transaction Amount

Summary / Reason for disputed transaction(s): (Check all that apply)

- Duplicate transaction (date of original transaction: _____)
- Merchandise / Service not received - expected delivery date of merchandise: _____

Describe ordered merchandise / service: _____

- The above debit card **is not** in my possession (list dates below)
The card was LOST on (date: _____) The card was STOLEN on (date: _____)

I **did not** authorize transaction, **and do not have** a relationship with this Merchant

I **did not** authorize transaction, **but do have** a relationship with this Merchant (**describe below**)

Other / Additional Information:

_____ The merchant has been contacted Yes No

By signing below, I certify that all the information provided on this form is correct, true, and complete.

Cardholder Signature: _____ Date: _____

----Credit Union Use Only----

Receiving Employee: _____ Date Received: _____

Processor: _____ Date Received: _____