



360 North Wood Ave. • Linden, New Jersey 07036
Phone: 908-862-6966 • Fax: 908-523-6119

EFT Transaction Dispute Form

Cardholder Name: _____

Card Number (16 Digits): _____

Date of Transaction	Merchant Name	Transaction Amount

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

- I did not authorize transaction
- Duplicate transaction
- The above debit card is **not** in my possession (**list date lost OR stolen below**)
 - The card was lost (date: _____)
 - The card was stolen (date: _____)

Other/Additional information:

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

Cardholder Signature: _____ **Date:** _____

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

Date Received _____ Employee Name _____

Employee Signature _____