

# Member ATM/Debit Dispute Form

UT-MUO Federal Credit Union  
(Please Print)

**Step 1:** First try to contact the Merchant to resolve the Dispute. If Merchant is not available to contact or problem could not be resolved then you can dispute the charge with the Credit Union.

**Step 2:** Is this a duplicate transaction? You only need to fill out the following form.

**Step 3:** If this is a disputed charge, other than a duplicate transaction, then we need the following to be submitted along with this form:

**\*A Cardholder letter that includes ALL of the following information. This is required by FiservEFT (our Card Processor).**

\*The 16 digit Card Number

\*The Merchant(s) Name(s)

\*Date(s)/Amount(s)

\*Description of Dispute

\*Steps taken by Member to resolve the problem with the Merchant (If Merchant could have been contacted).

\*Signature of Member

(Please check one)

- Duplicate Transaction
- Dispute

Branch: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Taken By: \_\_\_\_\_

ATM/Debit Card #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

## Transaction In Question

Account Type	Account #	Amount	Date	Transaction/Merchant Name

## Member Authorization

I \_\_\_\_\_ have supplied the above information, which is current and factual to the best of my knowledge, and hereby authorize UT-MUO Federal Credit Union to use the above information plus any other related information to investigate my claim.

Date: \_\_\_\_\_ Member Signature: \_\_\_\_\_

## Office Use Only

Date Submitted	Submitted By	Reference #	Confirmation By	Result