



AUTOMATED TELLER MACHINE DISPUTE

Member name: _____ Member number: _____

Daytime Phone: _____ Evening Phone: _____

Date of Transaction: ____/____/____ Time of Transaction ____:____

Location of Transaction (Tracer #) _____

Dollar Amount \$ _____

Reason for Disputing this Transaction (Briefly Describe): _____

Please attach a copy of any document regarding your dispute to this form. Research on this dispute will begin upon receipt of this completed report. All credits are provisional.

I give my 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 and/or card account. Further, I understand I may be required to comply with a court order or subpoena to give testimony. 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.

I understand that this credit may be provisional. For disputed transactions, failure to abide by the terms of the authorization agreement or if the merchant provides proof of valid charge, my provisional credit will immediately be reversed and I will be notified. If in accordance with MasterCard and Visa's rules it is determined that there are no chargeback rights for the disputed transactions, I must take any further actions directly with the merchant.

By completing and signing this form, I acknowledge that I have given a correct and true disclosure of the transaction I am disputing. I realize that Pacific Postal Credit Union may call upon me to supply additional supporting documentation to strengthen my claim against the merchant. I realize that not providing all details or exact information related to my dispute may delay the dispute resolution process. I have carefully read and understand the statements above.

Signature: _____ Date: ____/____/____

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FOR CREDIT UNION USE ONLY
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Staff Signature: _____ Date received: ____/____/____