Democracy
Federal Credit Union

Financial Freedom for ALL.®

CARDHOLDER DISPUTE FORM

DFCU Debit Card

Dear Member,

Attached is a Fraud/Dispute Form for reporting unauthorized transactions on your Democracy FCU Debit Card. Please return the form promptly to ensure that your claim is resolved in a timely manner. Upon receipt of your completed Fraud/Consumer Dispute Form, the Democracy FCU Debit Card associated with the fraudulent transactions will be canceled immediately, if it has not already been canceled. If you still have the card in your possession, please destroy it immediately.

Dispute Process

A disputed transaction refers to a charge from a merchant you have done business with, where the merchandise or services received were not what you paid for, or when additional amounts were charged without your permission.

Prior to submitting a dispute, members must:

1. **Contact the Merchant**: Before disputing any charges, you must make every reasonable effort to resolve the issue with the merchant directly. If you have contacted the merchant and a resolution has not been reached, or if there is no contact information available, you can proceed to complete the dispute form.

2. **Trial Offers and Subscriptions**: Be aware that merchants offering trial deals may enroll you in additional offers or subscriptions when you accept their terms and conditions. We advise you to contact these merchants to cancel any unwanted memberships and request a credit. If needed, ask to speak with a supervisor during your call.

3. **Submit Disputes Promptly**: Transactions must be submitted for dispute within sixty days after you receive your statement, in accordance with VISA regulations.

4. **Provide Required Documentation**: The Dispute Form must include copies of documentation to support your dispute. VISA regulations require detailed information, so you will need to submit a signed form outlining your contact efforts with the merchant, as well as any relevant documentation, such as proof of returns, credit slips, cancellation numbers, and the date of cancellation, where applicable. Failure to provide the appropriate documentation may lead to processing delays and could result in a loss for you.

Once your Fraud/Dispute Form has been received, the investigation will begin. Should we require further information regarding this dispute, it is very important that all documents are received within the timeline stated in any correspondence that is sent, as this could delay or halt the investigation. At the conclusion of our investigation, we will notify you of the results. At that time, the provisional credit will become a permanent credit if we find that an error has occurred, as defined by Regulation E. However, if we find that no error occurred, we will debit your account for the amount of the provisional credit.

Form Instructions

The dispute form is broken up into four sections:

Section 1: The first section provides all Democracy FCU contact information and instructions for submitting your form.

Section 2: Provide the card number that was used, your member number, and contact information.

Section 3: List all fraudulent or consumer-dispute charges, including the amount, date, and merchant name.

Section 4: Certify that the charges are fraudulent, including how the fraud may have occurred (e.g., lost card, stolen card, stolen account number). If you are disputing a Consumer (merchant), you will then certify what type of dispute you are filing by checking one of the options listed that best describes your dispute reason.

To expedite your claim, you may complete the form and email it to debitcarddisputes@democracyfcu.org. Be sure to make a copy of the Fraud/Dispute Form for your records.

Questions/Concerns

The security of your account is our priority. If you have any concerns or need assistance completing this Fraud/Dispute Form, email debitcarddisputes@democracyfcu.org

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SECTION 1 MEMBER INFO

CARDHOLDER NAME (FIRST, MIDDLE, LAST) JR/SR		MEMBER NUMBER	
ADDRESS (STREET)	CITY	STATE	ZIP
HOME / CELL PHONE:		ALTERNATE PHONE:	
DFCU DEBIT CARD NO.		DATE REPORTED TO DFCU (MM/DD/YY)	

SECTION 2 TRANSACTION INFO

Please record the transaction(s) that are being disputed as error/fraud/unauthorized in the table below. All fields below should be completed. Please continue to page five to list additional transactions.

TRANSACTION DATE	MERCHANT NAME As it appears on your DFCU statement. Please note that any transaction(s) that are pending and have not been posted to your account can not be included in this dispute.	TRANSACTION AMOUNT

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SECTION 3 MEMBER'S STATEMENT

Please select only one box to indicate this is either a Fraud or Non-Fraud Dispute

☐ **FRAUD** (CARDHOLDER IS **NOT REQUIRED** TO ATTEMPT TO CONTACT MERCHANT)

☐ I certify that the charge(s) was (were) not made by me or by a person authorized by me to use my card, nor were the goods or services represented by the above transaction received by myself or by a person authorized by me. (Your card will be BLOCKED). Please proceed to page four to complete your fraudulent claim.

☐ **ATM DISPUTE** (PLEASE INCLUDE ATM RECEIPT IF YOU REVEIVED ONE)

Was the PIN number with the card? ☐ Yes ☐ No
Have you ever given out your pin number to anyone? ☐ Yes ☐ No

☐ **DISPUTE** (CARDHOLDER **IS REQUIRED** TO ATTEMPT TO CONTACT MERCHANT TO REMEDY DISPUTE)

☐ I certify that I participated in the above transaction, but have not received the merchandise/service. I purchased:_____
Provide details about the merchandise or service you expected to receive, the expected date of delivery, and any attempts to resolve the matter with the merchant in the Additional Details area of this form.

☐ _____(date) per the merchant's instructions and have not received credit. Merchant cancelation policies may apply. Provide full details in the Additional Details area of this form.

☐ I contacted the merchant on)_____ (date) and cancelled the monthly recurring transaction. Merchant cancelation policies may apply. Provide full details in the Additional Details area of this form.

☐ I received a price adjustment (credit slip) on the above transaction, and it has not appeared on my statement. I have included a copy of the credit slip.

☐ I certify that only one transaction was made with the merchant listed above. On my statement, the same merchant has processed a second (or more) charge to my account. The authorized amount is_____ and date it was authorized is_____.

☐ I certify that this transaction was paid by other means. Proof of payment by other means must be provided.

☐ I certify that an incorrect amount was processed by the merchant. The correct amount is _____
Proof of the correct amount must be provided

☐ The merchandise/service I received is defective or damaged. It was the correct merchandise/service but not able to be used as intended. Describe in the Additional Details area the purchase and the defect or damage that is preventing its proper use. Provide any information relating to attempts to contact the merchant to return or correct the merchandise/service, and the merchant's response.

☐ The merchandise/service was not as described. The merchandise/service was materially different from what was purchased. Describe in the Additional Details area the purchase and how it differs from what was received, e.g., color/size/different item. Counterfeit claims need to be supported by expert opinion. Provide any information relating to attempts to contact the merchant to return or correct the merchandise/service, and the merchant's response to the request.

(Continue to next page)

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SECTION 4 MEMBER'S STATEMENT

Signature Required

Attempt to Resolve Information

In dispute cases, except those related to fraud-type disputes, you are required to attempt to resolve the dispute with the merchant prior to filing a dispute. If no attempt is made for a consumer-type dispute, the dispute becomes invalid. Please describe your attempt to resolve here.

- I have attempted to resolve with the merchant. ☐ Yes ☐ No
- Date of contact: _____
- Contact method: ☐ Telephone ☐ E-mail ☐ In-person ☐ Other – Describe in Additional Details
- Merchant's response: _____

_____

- If no attempt, why not? _____

_____

Additional Details: _____

_____
_____
_____
_____
_____
_____
_____
_____
_____

I certify to the best of my knowledge and belief that all the information on this form is true, correct, complete, and made in good faith. I also understand that this information may be provided to federal, state, and local law enforcement agencies for such action within their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statement or representation may constitute a violation of 18 U.S.C. or other federal, state, or local criminal statutes and may result in imposition of a fine, imprisonment, or both.
_____(Member Inital Here)

Member Signature _____ Date: ____/____ /____

QUESTIONS FOR MEMBER

Status of card? ☐ In My Possession ☐ Lost ☐ Stolen

Do you have any knowledge of who might have conducted the transaction(s) recorded in section 3? ☐ YES ☐ NO

Suspect: Name | Address

MEMBER'S SIGNATURE *(I affirm that the information furnished above is true to the best of my knowledge.)*	DATE

CREDIT UNION USE ONLY

Credit Union Representative	Signature	REQUEST RECEIVED BY
		◯ Email ◯ In Person

By signing, you attest that all steps have been followed according to the dispute procedure

**Any alterations made to this form will deem this form void.*

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TRANSACTION DATE	Merchant Name As it appears on your DFCU Statement. (Please note any transactions that are pending and has not posted to the account cannot be include in this dispute.)	**TRANSACTION AMOUNT**

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