

Texoma Community Credit Union
Debit Card Holder Dispute

Date _____
Account # _____

Member Name:	Cell #:
E-mail Address:	Home #:
Card #:	Work #:
Address: _____	
Street	City State Zip

I have examined the charges on my debit card and question the following transaction(s) (attach additional sheets if necessary):

Merchant Name	Amount	Transaction Date

FRAUDULENT TRANSACTIONS:

<input type="checkbox"/> Lost	<input type="checkbox"/> Stolen	<input type="checkbox"/> Card not received as issued
<input type="checkbox"/> I did not authorize the transaction(s) listed.		<input type="checkbox"/> Cardholder in possession of the card at the time of transaction.

OTHER CARD HOLDER DISPUTES: (Check box)

___	My debit card was charged twice. The first charge posted on _____ (date).
___	The amount of the transaction differs from the amount I authorized. Amount authorized: _____ (receipt required)
___	Recurring charges after cancellation. On _____ (date) I notified the merchant to cancel our monthly/yearly agreement. Spoke with _____ (provide proof of cancellation if available.)

**An attempt to resolve with the merchant is required for all dispute scenarios listed below. Please describe the attempt, including dates and time, in the comments field below.*

___	<p>I did participate in the transaction, but I am disputing for one of the following reasons:</p> <p>___ Merchandise or services not received. Expected date of delivery: _____</p> <p>___ Paid by other means. Please include proof of other payment, such as copy of check, money order, receipt or credit card statement.</p> <p>___ Credit from merchant not received. Please include copy of credit voucher if available.</p> <p>___ Merchandise not as described or defective.</p> <p>Comments:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Member Signature: _____ Date: _____