

To Dispute a Debit Card Transaction:

- 1. Attempt to contact the merchant.** Prior to disputing charges, you must make every effort to resolve the dispute with the merchant. If contact has been made with no resolution or there is no means of contact, you must complete a Debit Card Dispute Form.
- 2. Trial offer merchants often enroll you into other offers when you accept and agree to their terms and conditions.** Germania Credit Union suggests that you contact these merchants and request a credit. Ask for a supervisor if needed when you contact the merchant. Most trial merchants will issue a credit within the first 30 days.
- 3. Transactions must be submitted for dispute within sixty days of the statement date.**
- 4. The Debit Card Dispute Form must include copies of documentation to support your dispute.** The Credit Union will need the signed form stating the efforts and results of your contact with the merchant, copies of proof of returns, credit slips, cancellation numbers, and date cancelled where applicable. If the appropriate documentation is not supplied, it may result in a processing delay or inability to process the dispute.
- 5. Fraudulent Transactions.** In cases of fraud, typically your account will receive a Provisional Credit within 3 business days of receipt of your dispute form depending upon the transaction type.
- 6. Please allow us time to process your disputed transaction(s). Our goal is to resolve this matter for you as quickly as possible.**
- 7. If the fraud investigation** is resolved in your favor, any provisional credit will become permanent. If the investigation is not resolved in your favor, your provisional credit will be reversed from your account. We will contact you to let you know that the transaction was reversed.
- 8. If the dispute investigation** is resolved in your favor, you will be issued credit, which will be permanent. If the dispute Investigation is not resolved in your favor, you will not receive any credit. We will let you know of the resolution of your claim.

PROMPTLY RETURN COMPLETED DISPUTE PACKET TO OUR OFFICE:

Mail:
Germania Credit Union
PO Box 645
Brenham, TX 77833

Fax:
979-836-1691
Email:
GCU@germaniainsurance.com

Debit Card Fraud/Dispute Form

(Only One Transaction per Line)

Member Name _____ Member Phone _____

Debit Card # (last 4 digits) _____ Date _____

Prior to disputing charge(s), you must make every effort to resolve the dispute with the merchant.

1. Merchant: _____ Amount \$ _____ Date _____

(Additional transactions listed on next page if needed)

Select Type of Dispute (Check ONLY one)

Fraud (Do not recognize) – I have not authorized or participated in this transaction(s).

- My Card was: Stolen Lost Never Received Still in my possession
- If Card was Lost/Stolen:
 - When did you last use your card? _____
 - When did you notice your card was missing? _____
 - When did you first notify the Credit Union? _____
- Have you ever done business with this merchant before? Yes No

I Authorized one (1) transaction with the merchant. The additional charge(s) were not authorized. **Please attach all related documentation. (Emails, invoice, signed proof of return, credit slip or postal receipt, etc.)**

- Authorized Transaction \$ _____ Post date (mm/dd/yy) _____
- Contacted merchant (mm/dd/yy) _____
- Merchant's response _____

Free Trial Offer - You **must** contact the merchant prior to disputing the charge, and you **must** provide proof of cancellation within the free trial period. **Please attach all related documentation. (Emails, invoice, signed proof of return, credit slip or postal receipt, etc)**

- Item(s) ordered _____
- Method of enrollment (Mail, Phone or Internet) _____
- Free trial enrollment date (mm/dd/yy) _____
- Free trial offer was good through (mm/dd/yy) _____
- Cancellation date (mm/dd/yy) _____
- Cancellation # _____
- Merchandise was returned (mm/dd/yy) _____ **Please attach proof of return (postal receipt)**
- Merchant's response _____

Membership/Reservation Cancellation - Please provide a copy of **letter, email or fax** notifying the merchant of cancellation.

- Merchant was notified on (mm/dd/yy) _____
- Reason for cancellation _____
- Cancellation date (mm/dd/yy) _____ Cancellation # _____
- Were you advised of a cancellation policy _____
- If yes, what were you told? _____

Double Posting - Please attempt to contact the merchant prior to disputing the charge. Only one transaction is valid but posted more than once.

- Valid transaction amount \$ _____ Post date (mm/dd/yy) _____
- Invalid transaction amount \$ _____ Post date (mm/dd/yy) _____

Merchandise was returned - You **must** attempt to return the merchandise prior to exercising this right. **Please attach all related documentation. (Emails, invoice, signed proof of return, credit slip or postal receipt, etc.)**

- Item(s) ordered _____
- Reason for return _____
- Merchandise was received (mm/dd/yy) _____
- Merchandise was returned (mm/dd/yy) _____
- Merchant's response _____

Merchandise not received - Please attempt to contact the merchant prior to disputing the charge. **Please attach all related documentation. (Emails, invoice, signed proof of return, credit slip or postal receipt, etc)**

- Item(s) ordered _____
- Expected delivery date (mm/dd/yy) _____
- Contacted merchant (mm/dd/yy) _____
- Merchant's response _____

Merchandise/services are not as described/defective - Please attempt to contact the merchant prior to disputing the charge. **Please attach all related documentation. (Emails, invoice, signed proof of return, credit slip or postal receipt, etc.)**

- Item(s) ordered _____
- What was expected and how did it differ from those expectations? _____

- Description of damage: _____

- What terms and conditions is the merchant is not honoring? _____

- Contacted merchant (mm/dd/yy) _____
- Merchant's response _____

- I was overcharged for the purchase** - Please include a copy of the signed sales receipt.
 - Valid transaction amount \$ _____ Post date (mm/dd/yy) _____
 - Contacted merchant (mm/dd/yy) _____
 - Merchant's response _____

- Credit did not post to my account** - Please enclose a copy of the dated credit slip or notice of credit from the merchant and a detailed explanation of your dispute.

- Paid by another method** - You **must** provide proof of different payment method.
 - Merchant was notified on (mm/dd/yy) _____
 - Merchant's response _____

- Other** - Please include a **detailed** description of your dispute, and the steps taken to resolve it with the merchant on a **separate sheet** and **attach** it to this form.

I declare under penalty of perjury that information provided is true and correct. I also declare that I have read all the above information and agree that it is factual and accurately describe the transaction/event that is subject to this claim.

If this is a matter of fraud, I further certify that:

- I am completing this form for the purpose of establishing fraudulent use of my card.
- I did not give, sell, or trade my card to anyone nor did I give anyone permission to use my card.
- I did not receive proceeds or any benefit from the unauthorized use of my card.
- I have not arranged with the person(s) who misused the card to be reimbursed for proceeds.
- I have examined all of the unauthorized transactions and in each instance I did not originate the transactions nor authorize them in any way.

If this is a matter of dispute, I further certify that:

- I have attempted to reach out to the merchant to settle the claim directly
- I have provided Germania CU with all needed documentation that has been requested

Member's Signature (required) _____ **Date** _____

Multiple Dispute Listing:

2. Merchant: _____ Amount \$ _____ Date _____
3. Merchant: _____ Amount \$ _____ Date _____
4. Merchant: _____ Amount \$ _____ Date _____
5. Merchant: _____ Amount \$ _____ Date _____
6. Merchant: _____ Amount \$ _____ Date _____
7. Merchant: _____ Amount \$ _____ Date _____
8. Merchant: _____ Amount \$ _____ Date _____
9. Merchant: _____ Amount \$ _____ Date _____
10. Merchant: _____ Amount \$ _____ Date _____
11. Merchant: _____ Amount \$ _____ Date _____
12. Merchant: _____ Amount \$ _____ Date _____
13. Merchant: _____ Amount \$ _____ Date _____
14. Merchant: _____ Amount \$ _____ Date _____
15. Merchant: _____ Amount \$ _____ Date _____
16. Merchant: _____ Amount \$ _____ Date _____
17. Merchant: _____ Amount \$ _____ Date _____
18. Merchant: _____ Amount \$ _____ Date _____
19. Merchant: _____ Amount \$ _____ Date _____
20. Merchant: _____ Amount \$ _____ Date _____
21. Merchant: _____ Amount \$ _____ Date _____
22. Merchant: _____ Amount \$ _____ Date _____
23. Merchant: _____ Amount \$ _____ Date _____
24. Merchant: _____ Amount \$ _____ Date _____
25. Merchant: _____ Amount \$ _____ Date _____

Member's Signature (required) _____ **Date** _____

