



Eaton Family
CREDIT UNION, INC.

Written Statement of Unauthorized Debit Card POS Transaction(s)

1. Cardholder and Transaction Information

Member Name _____ Account Number _____

Amount of Transaction _____ Date of Transaction _____

Merchant's Name _____

(See page 2 for more than one transaction)

2. Reason for Dispute-BEFORE DISPUTING THE TRANSACTION, YOU MUST MAKE EVERY EFFORT TO RESOLVE THE DISPUTE WITH THE MERCHANT AND PROVIDE DOCUMENTATION.

____ My card was lost or stolen.

____ I did not authorize the merchant listed above to debit my account.

____ I revoked the authorization I had given to the party to debit my account before the debit was Processed.

____ My account was debited for an amount different than I authorized.

Provide Details of Dispute _____

3. Cardholder Affidavit and Authorization

I have marked the applicable reason for the disputed transaction(s) and have supplied copies of all documentation. The transaction(s) described above were not originated with fraudulent intent by or any person acting on my behalf. I neither conducted, authorized, nor benefited from this/these transaction(s). I hereby authorize Eaton Family Credit Union investigators and law enforcement officials to investigate all circumstances regarding this/these transactions.

I certify under penalty of perjury that all of the statements I have made in this affidavit are true and correct.

Cardholder Signature _____ Today's date _____

EFCU Member Service Signature _____ Date received _____

Additional Transactions

Amount of Transaction _____ Date of Transaction _____

Merchant's Name _____

Details of Dispute _____

Amount of Transaction _____ Date of Transaction _____

Merchant's Name _____

Details of dispute _____

Amount of Transaction _____ Date of Transaction _____

Merchant's Name _____

Details of Dispute _____

