

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 tr	ansaction)
2. Reason for Dispute-BEFORE DISPUTING THE TRA RESOLVE THE DISPUTE WITH	ANSACTION, YOU MUST MAKE EVERY EFFORT TO H THE MERCHANT AND PROVIDE DOCUMENTATION.
My card was lost or stolen.	
I did not authorize the merchant listed above	e to debit my account.
I revoked the authorization I had given to the Processed.	e party to debit my account before the debit was
My account was debited for an amount difference.	rent 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	
Amount of Transaction	Date of Transaction
Merchant's Name	
Amount of Transaction	Date of Transaction
Merchant's Name	