

Written Statement of Unauthorized Debit Card POS Transaction(s)

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: First, most important thing is to contact the merchant. MasterCard requires this before we can provide assistance. ____ 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. ATM Dispute _____ Amount Received Requested Amount Provide Details of Dispute

3. Cardholder Affidavit and Authorization

1.Cardholder and Transaction Information

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.

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_____

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