

Sections 1-3: **Complete for all dispute/fraud transactions**

Section 4: **ATM/Debit Card transactions only**

Section 5: **ACH Disputes/Fraud**

| | | | | | |
|--|--|--|---|--------------------|--------------------------------------|
| SECTION 1 Member Information REQUIRED | Member Name: _____ | | Date Submitted: _____ | | |
| | Address: (this will be used for all correspondence related to this dispute) _____ | | Account/Share Number: _____ | | |
| | City/St/Zip: _____ | | Card Number (if applicable): _____ | | |
| | Daytime Phone: _____ | | Evening Phone: _____ | | |
| SECTION 2 Dispute Information REQUIRED | NOTICE of ERROR (check ALL that apply): <input type="checkbox"/> *ATM/POS (Pin Based) <input type="checkbox"/> VISA DEBIT CARD (signature based) <input type="checkbox"/> **ACH DEBIT <input type="checkbox"/> ACH CREDIT <input type="checkbox"/> OTHER (please describe): _____ | | | | |
| | DISPUTE REASON: (check ALL that apply) <input type="checkbox"/> Unauthorized/Fraud*** <input type="checkbox"/> Mis-Posted Transaction <input type="checkbox"/> Duplicate Item <input type="checkbox"/> Deposit Discrepancy (ATM or Electronic) <input type="checkbox"/> Incorrect Amount <input type="checkbox"/> Unidentified Transaction <input type="checkbox"/> Request for documentation or clarification of an EFT <input type="checkbox"/> Paid by Other Means <input type="checkbox"/> OTHER (please describe): _____ | | | | |
| *Automated Teller Machine/Point of Sale **Automated Clearing House ***If Fraud the card/account/share will be closed and a new one opened | | | | | |
| SECTION 3 Claim Information REQUIRED | MEMBER STATEMENT: Briefly explain why you are submitting this dispute (if additional space is needed, continue on a separate sheet of paper, sign, date, and attach) | | | | |
| | | | | | |
| | | | | | |
| | TRANSACTION INFORMATION: Please list all disputed transactions (if additional space is needed, continue on a separate sheet of paper, sign, date, and attach). Credit Union may require you to provide additional information or documents as needed to process claim. | | | | |
| | Merchant Name/Terminal Location | | Posted Amount | Posted Date | Amount Claimed to be in Error |
| | | | | | \$ |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| TOTAL AMOUNT OF THE DISPUTE/CLAIM | | | | \$ | |
| * Please provide a copy of any sales receipts/drafts related to these transactions. In addition for service/product related disputes you will be required to show proof that you attempted to resolve with the merchant. | | | | | |

Section 4: Liability Information: Complete for UNAUTHORIZED ATM/DEBIT CARD Disputes.

I certify that the charge(s) listed above was (were) not made by either myself or a person that I authorized to use my card. At the time of the unauthorized transaction(s) the card was (check one): In my Possession Lost or Stolen Never Received

Yes No: Have you ever authorized anyone else to use your card? If Yes, provide name and details: _____

Yes No: Was your PIN Code accessible to anyone else to use your card? If Yes, provide details: _____

Is there someone you suspect made the transaction(s)? If yes, provide name and details: _____

AFFIDAVIT OF FRAUD AND FORGERY

State of _____ County of _____ Card Issuer: **Premier Community Credit Union**

I, _____, residing at _____ do hereby state and declare under penalty of perjury that the following is true and correct:

I AM CLAIMING THAT: (PLEASE INITIAL THE STATEMENT THAT APPLIES)

_____ I have the CARD in my possession and there are unauthorized transactions on my account/share. **(Card must be surrendered)**

_____ My CARD was lost or stolen and I notified the credit union on ____/____/20____

_____ I never received my CARD

I hereby state that I neither authorized, nor participated, nor benefited from the transaction(s) I am disputing. I understand that the Credit Union investigates alleged fraudulent and unauthorized card usage as well as obtains information from merchants. I agree to fully cooperate with any investigation and respond to requests for additional information, if requested, by the Credit Union to conduct a thorough investigation. I agree to cooperate in the prosecution of anyone involved with the fraudulent and unauthorized use of my card.

I understand that I need to return to Premier Community Credit Union this signed affidavit within 10 business days. I understand that my failure to cooperate with this investigation may result in my being held liable for any and all applicable charges.

Member Signature: _____ **DATE:** _____

Witnessed by (Print Name): _____ **DATE:** _____

THIS AFFIDAVIT MUST BE WITNESSED BY A PREMIER COMMUNITY CREDIT UNION EMPLOYEE or NOTARIZED
SEE PAGE 2 FOR ACH DISPUTES

Section 5: ACH Information: Complete for **ACH DISPUTES AND OR FRAUD**

WRITTEN STATEMENT OF UNAUTHORIZED DEBIT

Required for the dispute of unauthorized or improper ACH debit entries

State of _____ County of _____ Today's Date _____

I, _____, state that I have examined the attached statement or other notification from Premier Community Credit Union indicating that an ACH **debit** entry was charged to my Account/Share Number on _____, 20__ in the amount of \$ _____, and that the debit was unauthorized or improper.

Please select the appropriate dispute reason from the list below.

- THE ACH DEBIT ITEM IS UNAUTHORIZED. (Item meets one of the conditions listed here.)**
 - I did not authorize, and have not ever authorized, _____ (company name) to process electronic funds transfer debits against my account/share.
 - All signatures on the original check to which the electronic funds transfer debit relates are not authentic or authorized.
- AUTHORIZATION FOR THE ACH DEBIT ITEM WAS REVOKED. (Item meets one of the conditions listed here.)**
 - I authorized _____ (company name) to process electronic funds transfer debits to my account/share, but on _____ (date), I revoked that authorization by notifying the company in the manner specified in their authorization.
- THE ACH DEBIT ITEM IS IMPROPER. (Item meets one of the conditions listed here.)**
 - I authorized _____ (company name) to process electronic funds transfer debits to my account/share at Premier Community Credit Union, but the amount debited is greater than the amount I authorized to be debited. The amount I authorized to be debited is \$ _____.
 - I authorized _____ (company name) to process electronic funds transfer debits to my account/share at Premier Community Credit Union, but the debit was made to my account/share earlier than I authorized the debit to occur. I authorized the debit to be made to my account/share no earlier than _____ (date).
 - The amount of the electronic funds transfer debit was not accurately obtained from the original check.
 - The original check to which the electronic funds transfer debit relates is ineligible or improper to be processed as an electronic funds transfer.
 - Notice was not provided by the Originator as required by the National ACH Association Operating Rules.
- BOTH THE ORIGINAL CHECK AND THE ELECTRONIC FUNDS TRANSFER DEBIT WERE PRESENTED FOR PAYMENT.**
- THE ACH DEBIT ITEM IS AN UNAUTHORIZED CORPORATE ENTRY (Item meets the condition listed here.)**
 - The disputed electronic funds transfer debit item is a corporate ACH debit entry, but the receiving account/share is a consumer account/share.
- INCOMPLETE TRANSACTION.**
 - I authorized the ACH Debit, but the payee did not receive the funds.
- OTHER:** (Please describe) _____

**Please review this statement, and, if fraud is suspected, select this box.
(You may be contacted by a Premier Community Credit Union security representative.)**

I am an authorized signer, or otherwise have authority to act, on the account/share identified in this statement. I attest that the debit transaction(s) was/were not originated with fraudulent intent by me or any person acting in concert with me. I have read this statement in its entirety and attest that information provided on this statement is true and correct and that the signature below is my own proper signature.

I further declare that this Written Statement of Unauthorized Debit may be furnished to law enforcement officials to assist in the criminal investigation and possible prosecution.

Members Signature: _____ **DATE:** _____

Witnessed by (Print Name): _____ **DATE:** _____

• THIS AFFIDAVIT MUST BE WITNESSED BY A PREMIER COMMUNITY CREDIT UNION EMPLOYEE or NOTARIZED

RETURN FORM TO Premier
Community Credit Union Attn:
Support Services Department
3315 West Benjamin Holt Drive
Stockton, CA 95219

For questions regarding this form please contact us at: 800-731-4477

Credit Union Use Only:

Dispute submitted by Member: In Person By Phone

Dispute taken by: _____ (Print Employee Name) at Branch Name: _____

CARD/ACH DISPUTE FORM INSTRUCTIONS

Section 1: Member Information – Required for All Disputes

The information in this section is used to communicate with the member regarding the dispute.

In this section fill in the name, mailing address, contact phone numbers, account/share number, and card number (note: the card number should be the card number for the disputed card transactions). Fill in the date the dispute was submitted to the credit union.

Section 2: Dispute Information - Required for All Disputes

The information in this section is used to identify the type of dispute and the reason for the dispute.

- a) In the “**Notice of Error**” area check the box or boxes that best apply to the dispute type. If OTHER is chosen please provide a brief description.
- b) In the “**Dispute Reason**” area check the box or boxes that best apply to the dispute reason.

Please Note:

- If Visa Debit **AND** Unauthorized/Fraud are checked you **MUST complete section 4**
- If ACH is checked you **MUST complete section 5**

Section 3: Claim Information – Required for ALL Disputes

The information in this section is used provide the details needed for the dispute.

- a) In the “**Member Statement**” area briefly explain in detail why the claim is being submitted.
- b) In the “**Transaction Information**” area indicate the disputed transactions and be sure to include:
 - o **Merchant/Terminal location** – this is the merchant or company name or terminal location that appears on the statement
 - o **Posted Amount** – this is the amount that posted to the account/share
 - o **Posted Date** – this is the date the transaction(s) posted to the statement
 - o **Amount Claimed to be in Error** – this is the amount that is being disputed: this amount may be different from the posted amount.
 - **Example 1:** You authorized a \$50.00 ACH Debit and it posted to the account/share as \$500.00, in this case the disputed amount would be \$450.00.
 - **Example 2:** You withdrew \$140.00 from the ATM and it only dispensed \$40.00 and you had to pay a \$3.00 surcharge, in this case the disputed amount would be \$103.00.
 - **Example 3:** You authorized a purchase of \$56.89 from ABC Market and the transaction appeared twice on the same day with the same description, in this case the disputed amount would be \$56.89.
 - o **Total Amount of the Dispute** - this is the total for all disputed items (if additional space is needed, continue on a separate sheet of paper, sign, date, and attach).

Section 4: Liability Information – Complete this section **ONLY** for **UNAUTHORIZED CARD** disputes

- **MEMBER SIGNATURE REQUIRED IN THIS SECTION.** Carefully read and answer all the questions in this section.

If there are fraudulent transactions on your card OR it is lost/stolen you will need to surrender the card. The card **WILL BE CLOSED** and a **NEW ONE ISSUED**.

Section 5: ACH Information – Complete only for ACH Disputes

- **MEMBER SIGNATURE REQUIRED IN THIS SECTION.** Carefully read and answer all the relevant questions in this section.

If there are fraudulent transactions on your account/share it may need to **BE CLOSED** and a **NEW ONE OPENED to prevent further transactions to your account/share**.

• **ADDITIONAL INFORMATION**

- You may also be required to provide additional information and/or documents needed to process the dispute.
- Request for additional information will be made via mail correspondence directly to the member. Additional information such as, but not limited to a police report, copies of receipts, and/or proof you attempted to resolve with the merchant.

