

Main Office

958 W. Monroe Street Jackson, Michigan 49202 Phone: (517) 787-2220

Toll Free: (800) 336-8210 Fax: (517) 787-7082

Debit Card Dispute Form (ONLY ONE TRANSACTION PER LINE)

Debit Card #		Today's Date:	
Member Name:	Account #		
Member Phone #	Member Email Addre	ess:	
Prior to disputing charge(s), yo	ou <u>MUST</u> make every effort to r	esolve the dispute with the n	nerchant.
Merchant Name:	Amount \$	Posted Date:	
Merchant Name:	Amount \$	Posted Date:	
Merchant Name:	Amount \$	Posted Date:	
Merchant Name:	Amount \$	Posted Date:	
Merchant Name:	Amount \$	Posted Date:	
Merchant Name:	Amount \$	Posted Date:	
above; however, if I do not provide al their affiliated processors, including	redit Union may place a <u>temporary college to temporary college to temporary college to temporary college to temporary college to the temporary co</u>	South Central Credit Union, or f South Central Credit Union is will be reversed.	Member's Initials (Required)
Request Accepted by Teller #:	Date		
Dispute Submitted by Teller #	Date		
Temporary Credit Posted by Teller #	Date		



Select Card Status at Time of Transaction(s) (Check ONLY one) □ Lost ☐ Stolen ☐ Never Received ☐ Still in my possession **Select Type of Dispute (Check ONLY one)** ☐ ATM withdrawal incorrect. Amount Requested \$ Amount Received \$ ☐ Card was Lost or Stolen – You must file a police report and provide a copy along with this completed dispute form. Date card was Lost/Stole (mm/dd/yy) _____ Method of Reporting to SCCU_____ Date Police Report Filed (mm/dd/yy) ______ Police Report Number _____ City/Township/County Report Filed In ☐ Cardholder Participated in Item/Service Transaction – You must contact the merchant prior to disputing the charge. Description of Item/Service (s) purchased Date contacted merchant (mm/dd/yy) Merchant's response _____ ☐ Merchandise not received – Please attempt to contact the merchant prior to disputing the charge. ☐ Merchandise was returned – You must attempt to return the merchandise prior to exercising this right. Please attach signed proof of return, credit slip, or postal receipt. Reason for Return o Date merchandise was received (mm/dd/yy) O Date merchandise was returned (mm/dd/yy) □ Paid by another method – You must provide proof of the different payment method used. ☐ I was overcharged for the purchase – Please include a copy of the signed sales receipt. o Valid transaction amount \$ Post date (mm/dd/yy) ☐ **Membership/Subscription** Cancellation – Please provide a copy of cancellation notice provided to the merchant. O Cancellation date (mm/dd/yy) _____ Cancellation # (if available) _____ Were you advised of a cancellation policy? Yes If so, what were you told □ **Double Posting** – 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) _______ □ Credit did not post to my account - Please include a copy of the dated credit slip or notice of credit from the merchant. ☐ Fraud/Do not recognize – You <u>must</u> contact the merchant prior to disputing the charge. Merchant was contacted on (mm/dd/yy) What was the outcome from contacting the merchant? Other – Please provide a detailed description of your dispute, and the steps taken to resolve it with the merchant on the lines provided



below.

PROVIDE ANY ADDITIONAL INFORMATION YOU WISH ON THE LINES BELOW:			
information if requested by South Central Credit Union dispute in as timely a manner as possible. I once again Union may place a temporary credit in the account documents/information requested by South Central C	d above is true and complete. I agree to provide additional a or their affiliated processor to assist with resolving this acknowledge that I understand that South Central Credit t mentioned above; however, if I do not provide all redit Union, or their affiliated processors, including a it Union is unable to recover the funds and it is determined		
Member's Signature (required)	Date		

